

Kansas Maternal and Child Health 5-Year Needs Assessment

Bureau of Family Health
Kansas Department of Health and Environment

2011-2015

MCH 2015



JULY 15, 2010

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Executive Summary

As a recipient of about \$4.7 million from the federal Maternal and Child Health (MCH) Services Title V Block Grant Program, Kansas is required to complete a statewide maternal and child health needs assessment every five years. This needs assessment, referred to as MCH 2015 because it covers the period 2011 to 2015, resulted in the identification of 10 priority needs for the Kansas maternal and child health population over the next five years.

The Kansas Department of Health and Environment (KDHE) Bureau of Family Health (BFH) administers the funds and coordinated the MCH 2015 needs assessment. The mission of the Bureau of Family Health, which was also adopted as a mission of the MCH 2015 planning process, is to “provide leadership to enhance the health of Kansas women and children through partnerships with families and communities.”

From Fall 2009 through Spring 2010, Expert Panels collaborated in the MCH 2015 needs assessment process. Approximately 65 external stakeholders along with 20 MCH program staff from the Bureau of Family Health participated. They reviewed data, determined potential priorities, identified strengths and weaknesses, noted current partnerships and initiatives, assessed available resources and capacity, and identified potential strategies for the selected priorities.

After initial priority selection and strategy identification, MCH program staff developed logic models and action plans for implementing each priority. In mapping out the implementation specifics, some priorities and strategies were refined based on available resources and assessed capacity. Meeting notifications and handouts, data presentations, and interim results were posted on a public website throughout the process. These are the resulting ten priority needs for the next five years by MCH population group:

Pregnant Women and Infants

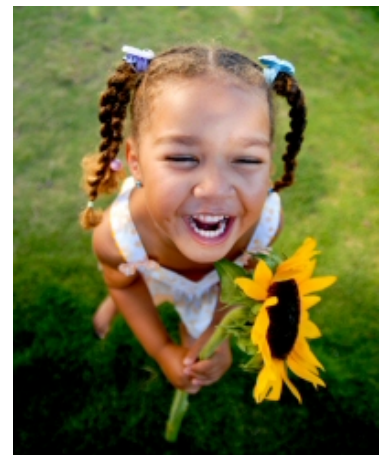
Goal: Enhance the health of Kansas women and infants across the lifespan.

- All women receive early and comprehensive care before, during and after pregnancy
- Improve mental health and behavioral health of pregnant women and new mothers
- Reduce preterm births (including low birth weight and infant mortality)
- Increase initiation, duration and exclusivity of breastfeeding

Children and Adolescents

Goal: Enhance the health of Kansas children and adolescents across the lifespan.

- All children and youth receive health care through medical homes
- Reduce child and adolescent risk behaviors relating to alcohol, tobacco and other drugs
- All children and youth achieve and maintain healthy weight



Children and Youth with Special Health Care Needs (CYSHCN)

Goal: Enhance the health of all Kansas children and youth with special health care needs across the lifespan.

- All CYSHCN receive coordinated, comprehensive care within a medical home
- Improve the capacity of YSHCN to achieve maximum potential in all aspects of adult life, including appropriate health care, meaningful work, and self-determined independence
- Financing for CYSHCN services minimizes financial hardship for their families

The beginning of the federal fiscal year on October 1, 2010 marks the official start of the five year period addressing these priorities. Between 2010 and 2015, strategies and action steps identified through MCH 2015 will be implemented, results will be monitored and evaluated, and adjustments will be made as needed to continue improving the health of Kansas women, infants, and children.

Acknowledgements

Many individuals were integral to Kansas' five-year needs assessment. The MCH 2015 Expert Panelists are listed below. These individuals represent a broad range of expertise in maternal and child health issues, and we appreciate their commitment to improving the health of Kansas' women, infants, children, and adolescents.

- Steven B. Allen, Pediatrician, University of Kansas School of Medicine
- Steven W. Allen, Pediatric Cardiologist, University of Kansas Medical Center
- Jon Anderson, Bureau of Local and Rural Health, Kansas Department of Health and Environment
- Brenda Bandy, Kansas Breastfeeding Coalition
- Lorraine Baughman, Rooks County Health Department
- Mary Ann Bechtold, Bureau of Family Health, Kansas Department of Health and Environment
- Barbara Berry, Junction City and Geary County Health Departments
- Amy Biel, Kansas Health Institute
- Kayzy Bigler, Families Together, Inc.
- Dona Booe, Kansas Children's Service League
- Kent Bradley, American Congress of Obstetricians and Gynecologists Kansas Section Chair
- Gary Brunk, Kansas Action for Children
- Cara Busenhardt, Nurse-Midwifery, University of Kansas Medical Center
- Dennis Cooley, Kansas Chapter of American Academy of Pediatrics
- Brian Creager, Parent Representative
- Joyce Cussimano, Prevention Coordinator of Addiction & Prevention Services
- Diane Daldrup, March of Dimes-Greater Kansas Chapter
- Jean DeDonder, Nursing Faculty, Emporia State University
- Patricia Dunavan, Bureau of Family Health, Kansas Department of Health and Environment
- Stanley Edlavitch, School of Medicine, University of Kansas Medical Center
- John Evans, Maternal Fetal Medicine, Stormont-Vail Health Care
- Beth Fisher, Hays Area Children's Center
- Teresa Fisher, Shawnee County Health Agency
- Terrie Garrison, Public Health Department, Unified Government of Wyandotte County
- Kobi Gomel, Bureau of Family Health, Kansas Department of Health and Environment
- Hank Guerrero, Finney County Health Department
- Jim Guillory, Perinatal Association of Kansas
- Martha Hagen, Bureau of Family Health, Kansas Department of Health and Environment
- Hibba Haider, School of Medicine Laboratories, University of Kansas Medical Center
- Cathy Harding, Kansas Association for the Medically Underserved
- Pam Hart, Parent Representative
- Lynn Hartter, Jackson County Resource Center
- Lori Haskett, Bureau of Health Promotion, Kansas Department of Health and Environment
- Sharon Homan, Kansas Health Institute
- Wes Jones, Mental Health Center of East Central Kansas
- Garry Kelley, Bureau of Family Health, Kansas Department of Health and Environment
- Jamey Kendall, Bureau of Family Health, Kansas Department of Health and Environment
- Jane Kennedy, Bureau of Family Health, Kansas Department of Health and Environment
- Linda Kenney, Bureau of Family Health, Kansas Department of Health and Environment
- Chrisy Khatib, Kansas Department of Social and Rehabilitation Services
- Jamie Kim, Bureau of Family Health, Kansas Department of Health and Environment
- Sara King, Parent Representative
- Jamie Klenklen, Bureau of Family Health, Kansas Department of Health and Environment

- Joseph Kotsch, Bureau of Family Health, Kansas Department of Health and Environment
- Darrel Lang, Kansas State Department of Education
- Teri Lavenborg, Center for Child Health and Development, University of Kansas Medical Center
- Beverly Long, Kansas Children's Service League
- Dona Marshbank, Bureau of Family Health, Kansas Department of Health and Environment
- Linda May, UniCare of Kansas
- Marcia McComas, Special Health Services, University of Kansas Medical Center
- Ileen Meyer, Bureau of Family Health, Kansas Department of Health and Environment
- Heather Moore, Bureau of Family Health, Kansas Department of Health and Environment
- Krista Morris, Kansas Department of Social and Rehabilitation Services
- Brenda Nickel, Bureau of Family Health, Kansas Department of Health and Environment
- Angela Nordhus, Child Death Review Board
- Robbie O'Brien-Leighton, Physical Medicine & Rehabilitation, Wichita Clinic
- Judy Patterson, Linn County Health Department
- Sandy Perkins, Bureau of Family Health, Kansas Department of Health and Environment
- Gianfranco Pezzino, Kansas Health Institute
- Wendy Pickell, Special Education Services, Kansas State Department of Education
- Midge Ransom, Franklin County Health Department
- Rebecca Reddy, University of Kansas School of Medicine
- Jim Redmon, Children's Cabinet
- Randy Reed, Department of Neonatology, Wesley Medical Center
- Pam Shaw, University of Kansas Medical Center
- Marc Shiff, Bureau of Family Health, Kansas Department of Health and Environment
- Sabra Shirrell, Bureau of Family Health, Kansas Department of Health and Environment
- Margaret Smith, Kansas Health Policy Authority
- Jen Stoll, Postpartum Resource Center of Kansas
- Jane Stueve, Bureau of Family Health, Kansas Department of Health and Environment
- Michael Sullivan, Jr., Youth Representative
- Jane Sunderland, Nemaha County Community Health Services
- Nancy Taylor, Shawnee Heights Middle School
- Patrick Terick, Cerebral Palsy Research Foundation
- Ella Todd, Kansas Mentors
- Cyndi Treaster, Bureau of Local and Rural Health, Kansas Department of Health and Environment
- Melissa Trout, Parent Representative
- Chris Tuck, Seaman USD 345 Topeka and Kansas School Nurse Organization
- Mary Weathers, Kansas Department of Social and Rehabilitation Services
- Katherine Weno, Bureau of Oral Health, Kansas Department of Health and Environment
- Ruth Werner, Bureau of Family Health, Kansas Department of Health and Environment
- Donita Whitney-Bammerlin, Kansas State University
- Polly Witt, USD 457 School Nurse
- Stephanie Wolf, Saline County Health Department

Background and Introduction

As a recipient of about \$4.7 million from the federal Maternal and Child Health (MCH) Services Title V Block Grant Program, Kansas is required to complete a statewide maternal and child health needs assessment every five years. The Kansas Department of Health and Environment (KDHE) Bureau of Family Health (BFH) administers Title V funds and coordinated the assessment.

The MCH Title V Block Grant Program has as a general purpose the improvement of the health of all mothers and children in the nation. To learn more about the Title V program, refer to the Title V Information website at <https://perfddata.hrsa.gov/MCHB/TVISReports>. This website includes financial and program information, indicator data, grant applications, and the most recently submitted five-year needs assessments for Kansas and all other Title V grant recipients.

Kansas' first comprehensive five-year MCH needs assessment was completed in 1995, covering the periods 1996-2000. Subsequent five-year needs assessments were completed in 2000 and 2005. Utilizing the assessment cycle, Kansas has continued to build upon past successes and to identify current needs, monitoring and reporting progress annually.

This needs assessment, referred to as MCH 2015 because it covers the period of federal fiscal years 2011 to 2015, comprehensively assessed the needs, strengths, and capacity associated with each MCH Title V population group:

- Pregnant women and infants
- Children and adolescents
- Children and youth with special health care needs

It resulted in the identification of 10 priority needs for the Kansas maternal and child health population over the next five years.

An effort was made to judiciously utilize stakeholder availability, staff time, and resources to complete a comprehensive assessment with an achievable, ready-to-implement action plan. This report provides an overview of the MCH 2015 process and results:

- Part I. Process: Overview of the stakeholders involved and methodology used in conducting MCH 2015
- Part II. Assessment of Needs: Strengths and needs of the MCH population, presented through a sampling of the data utilized during MCH 2015
- Part III. Priorities: Selection of the ten priority needs for 2011-2015
- Part IV. Action Plan: Overview of the strategies and action steps identified to address each priority need



Part I: Process

Overarching Principles

Vision, Mission, and Goals

The vision, mission, and goals of the process were determined by the needs assessment participants, the MCH 2015 Expert Panels. The mission of the Bureau of Family Health (BFH) was adopted as the mission of MCH 2015, and an overarching goal for each of the three MCH population groups was identified.

VISION: HEALTHY CHILDREN IN HEALTHY FAMILIES

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

Goals:

To enhance the health of Kansas **women and infants** across the lifespan

To enhance the health of Kansas **children and adolescents** across the lifespan

To enhance the health of all Kansas **children and youth with special health care needs** across the lifespan

Core Values

Also considered throughout the needs assessment were the four core values of prevention and wellness, social determinants of health, life course perspective, and health equity.

Core Value	Definition
Prevention and Wellness	A program of activities directed at improving general well-being while also involving specific protection for selected diseases, such as immunization against measles. A set of organized activities and systematic interventions, offered through workplaces, government, community agencies, etc whose primary purposes are to provide health education, identify modifiable health risks, and influence health behavior changes.
Social Determinants of Health	The conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries.
Life Course Perspective	A growing awareness in public health research of the long-term impact on health of various events and exposures earlier in life. Early focus on ‘life course perspective’ concentrated on events and exposures in fetal life, but later studies showed that circumstances throughout childhood and adult age influence health in old age. A number of chronic diseases such as coronary heart disease, stroke, and some cancers seem to be influenced by factors acting across the entire life course. There is increasing evidence that a number of other factors, operating at special critical periods earlier in life, may also influence health at later periods of the life course, such as infections during childhood.

Core Value	Definition
Health Equity	Those differences in population health that can be traced to unequal economic and social conditions and are systemic and avoidable – and thus inherently unjust and unfair. When societal resources are distributed unequally by class and by race, population health will be distributed unequally along those lines as well. Public health can be improved by improving the ways in which jobs, working conditions, education, housing, social inclusion, and even political power influence individual and community health.

10 Essential MCH Services

Finally, the 10 essential MCH services were woven throughout the process, including the capacity assessment and identification of strategies to address each priority.

1. Assessment and monitoring of maternal and child health status to identify and address problems.
2. Diagnosis and investigation of health problems and health hazards affecting women, children and youth.
3. Information and education to the public and families about maternal and child health issues.
4. Mobilizing community partnerships between policy makers, health care providers, families, the general public, and others to identify and solve maternal and child health problems.
5. Providing leadership for priority setting, planning, and policy development to support community efforts to assure the health of women, children, youth, and their families.
6. Promotion and enforcement of legal requirements that protect the health and safety of women, children, and youth, and ensuring public accountability for their well-being.
7. Linking women, children and youth to health and other community and family services and assure quality systems of care.
8. Assuring the capacity and competency of the public health and personal health work force to effectively address maternal and child health needs.
9. Evaluation of the effectiveness, accessibility and quality of personal health and population-based maternal and child health services.
10. Support for research and demonstrations to gain new insights and innovative solutions to maternal and child health related problems.

Overview of Methodology

The MCH 2015 process built on lessons learned in the previous three needs assessments, particularly the last one, MCH 2010. As with MCH 2010, the process was organized around stakeholder involvement. Stakeholders were convened for two all-day work sessions.

“This is my second experience with the process, and this was a definite improvement when compared to the first time around (MCH 2010).”

- Stakeholder comment

The key difference from MCH2010 was assessing capacity and planning for implementation through the development of logic models and work plans for the selected priority needs. The logic models and work plans are referred to as the MCH 2015 Action Plan. An additional all-day work session for MCH program staff addressed capacity and served as a training/technical assistance time and kick-off for the Action Plan development.

Organizational Structure and Collaborative Efforts

Planning Team

The Bureau of Family Health (BFH) within the Kansas Department of Health and Environment (KDHE) administers the Title V funds and coordinated the assessment. The Bureau Director, Section Directors, and Epidemiologists outlined the process early in 2009, modeling it after the previous five-year needs assessment (MCH 2010). These individuals served as the planning team throughout MCH 2015, and a contractor was hired to help manage the process and logistics. A facilitator and recorder were also identified for each population group and participated in planning and debriefing meetings, as needed. The contractor, two of the three facilitators, and most of the MCH program staff had participated in the last two five-year needs assessments, which helped provide continuity and allowed us to build upon lessons learned. For the final step of the process, a researcher who was also a Panel member, trained MCH program staff on logic model development and provided technical assistance as the staff completed their action plans. See table below for more information on the roles and responsibilities of the Planning Team.

Name / Organization	Role / Responsibility
Linda Kenney, Director Bureau of Family Health (BFH)	<ul style="list-style-type: none"> ○ Directed MCH 2015 ○ Participated in process and provided facilitation, leadership and oversight throughout
Ileen Meyer, Director Children and Families Section, BFH	<ul style="list-style-type: none"> ○ BFH Liaison to Pregnant Women and Infants (W&I), Children and Adolescents (C&A) Expert Panels ○ Led development of W&I and C&A Action Plans
Marc Shiff, Director CYSHCN Section, BFH	<ul style="list-style-type: none"> ○ BFH Liaison to Children and Youth with Special Health Care Needs Expert Panel ○ Led development of CYSHCN Action Plan
Jamie Kim Epidemiologist, BFH	<ul style="list-style-type: none"> ○ MCH Epidemiologist ○ Responsible for data assessment, presentation of analysis and results, and epidemiological technical assistance for W&I and C&A Expert Panels
Garry Kelley Epidemiologist, BFH	<ul style="list-style-type: none"> ○ MCH Epidemiologist ○ Responsible for data assessment, presentation of analysis and results, and epidemiological technical assistance for CYSHCN and C&A Expert Panels
Kobi Gomel, Administrative Specialist, BFH	<ul style="list-style-type: none"> ○ Pregnant Women and Infants Group Recorder
Jamie Klenklen, MCH Administrative Consultant, BFH	<ul style="list-style-type: none"> ○ Children and Adolescents/W&I Group Recorder
Heather Moore, Systems in Sync Project Coordinator, BFH	<ul style="list-style-type: none"> ○ CYSHCN Group Recorder
Jean DeDonder, Associate Professor, Emporia State University	<ul style="list-style-type: none"> ○ Pregnant Women & Infants Group Facilitator
Jon Anderson, Public Health Capacity Development Manager, KDHE	<ul style="list-style-type: none"> ○ Children and Adolescents Group Facilitator
Donita Whitney-Bammerlin Kansas State University	<ul style="list-style-type: none"> ○ CYSHCN Group Facilitator

Name / Organization	Role / Responsibility
EnVisage Consulting, Inc.	<ul style="list-style-type: none"> ○ Project management and logistics, MCH 2015 website, document and results compilation
Sharon Homan, Vice President for Public Health, Kansas Health Institute	<ul style="list-style-type: none"> ○ Logic model development training, technical assistance, and facilitation

Stakeholder Involvement: MCH 2015 Expert Panels

MCH program staff at KDHE identified stakeholders representing each of the three population groups (pregnant women and infants, children and adolescents, children and youth with special health care needs) to serve on the Expert Panels. Approximately 120 individuals were invited to serve. Of those, about 65 external stakeholders and 20 Bureau of Family Health MCH program staff participated, forming the MCH 2015 Expert Panels. The Panelists broadly represented MCH concerns in Kansas and included family representatives, health care providers, researchers, and program staff as well as representatives from other state agencies and programs, local health departments, universities, not-for-profit organizations, education, social services agencies, and advocacy groups. See the Acknowledgements on page 5 for a complete listing.

The Expert Panels reviewed initial information, participated in two day-long meetings, received periodic email updates, were encouraged to regularly check the MCH 2015 website for the updates and draft results throughout the process, and provided feedback.

MCH 2015 Population Workgroups

For each meeting, the Expert Panels divided their time between plenary sessions and workgroup sessions. Each participant was assigned to one of three population workgroups:

- Pregnant Women and Infants
- Children and Adolescents
- Children and Youth with Special Health Care Needs

Each phase of the MCH 2015 was structured around the three population groups:

- **Pregnant Women & Infants**
- **Children & Adolescents**
- **Children & Youth with Special Health Care Needs**

Each workgroup had four staff for the entire process:

- Facilitator
- Recorder
- MCH Epidemiologist or data expert
- Bureau of Family Health Liaison (BFH Section Director covering that population group)

The workgroups used “tools”, or worksheets to structure discussion, to help keep on task and to record decisions and progress for BFH staff. Although all workgroups used the same tools, facilitators had the flexibility to modify a tool or process if they discovered something was not working well for their groups.

Logic model and work plan development with MCH program staff continued in the three separate population groups with the use of standardized electronic “tools”.

Website: Communication and Notification Venue for Stakeholders and Public

The MCH 2015 website was launched in October 2009; materials were posted before the first meeting, allowing MCH 2015 Panelists to review data and meeting handouts. Each MCH population group has its own tab with relevant information. Throughout the MCH 2015 assessment, meeting notifications, handouts, data indicators, feedback deadlines, and drafts in various forms were posted for review by stakeholders and the public. The website has helped meet the expectations for a transparent and open process; it is located at <http://www.datacounts.net/mch2015/>

MCH 2015

Home Women & Infants Children & Adolescents CYSHCN Staff Results Resources

Calendar

Meeting 1
Friday, November 6th 2009

Meeting 2
Friday, January 29th 2010

Logic Model Development - KDHE Staff
Friday, March 26th 2010



MCH 2015

Welcome to the Kansas Maternal Child Health Needs Assessment 2015!

MCH 2015 is a statewide, 5-year needs assessment and health planning process with the goal of improving the health of Kansas women and children, including children and youth with special care needs (CYSHCN). Kansas Department of Health and Environment (KDHE) / Bureau of Family Health (BFH) is the entity responsible for administration of the MCH services block grant and is the organizer of this process.

[Additional Background Information \(pdf\)](#)

MCH 2015 brought together health care professionals, families, and other leaders to work on ways to improve the health of Kansas women and children. Over the past several months, we examined the health needs of the State, especially those that we have the power to change. Select the [Results](#) tab to see the final MCH 5-year priorities and other results.

We invite public comment. Please send your feedback to:

Linda Kenney, Director
Bureau of Family Health, KDHE
1000 SW Jackson, Suite 220
Phone: 785-296-1310
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[Email](#)

If you need any technical assistance with the website, please contact Envisage Consulting at 785-587-0151, or Email: envisage@envisageconsulting.org
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Timeline

Key MCH 2015 events are listed in the following table. Activities centered on stakeholder involvement, with the Planning Team preparing for each meeting, providing data and information for review, evaluating progress, and providing staff support to the assessment in-between and after meetings.

Date	Key Activities
Winter 2009 – 2010	Pre-planning for MCH 2015 by BFH leadership
March 25, 2009	RFP for contractor assistance released
May 26, 2009	Contract awarded
June – September, 2009	Planning Data analysis by epidemiologists Key stakeholders identified by BFH staff
September, 2009	Stakeholder list finalized (Expert Panel invitees by MCH population group)
September 29, 2009	Initial invitation letter mailed <i>and</i> emailed
October, 2009	Meeting #1 preparation, logistics, and handouts finalized MCH 2015 website launched Initial information posted online, including data indicators list, which was also emailed to stakeholders Expert Panels RSVP lists finalized
October 30, 2009	Planning Team conference call to review final Meeting #1 details
November 6, 2009	MCH 2015 Expert Panels Meeting #1
November, 2009 – January, 2010	Meeting #1 results compiled and posted online; feedback invited Epidemiologists prepare additional data analyses as requested by Panelists Panelist questions researched and addressed Meeting #2 preparation, logistics, and handouts finalized
December, 2009	Meeting #1 notes and prioritization survey sent to Children and Adolescents Panelists (as requested by group) C&A Prioritization surveys received and summarized
January 13, 2010	Planning Team conference call to review final Meeting #2 details
January 29, 2010	MCH 2015 Expert Panels Meeting #2
February 27, 2010	Planning Team Meeting #2 debriefing conference call
February – March, 2010	Meeting #2 results compiled and posted online; feedback invited Meeting #2 results and draft priority needs reviewed by staff, capacity needed to address priority needs assessed Planning Team prepares Capacity/Logic Model Development Meeting tools and handouts
March 15, 2010	Planning Team conference call to finalize meeting details
March 26, 2010	MCH Program Staff Capacity/Logic Model Development Meeting Logic model training and technical assistance provided Logic models and work plans started for each MCH population group
April – May, 2010	MCH population group follow-up meetings to finalize their Action Plan, which includes logic models, work plans, and performance measures
June 4, 2010	Stakeholders notified and invited to comment on final draft priority needs, Action Plan, and other results posted online
June, 2010	Receive comments; refine MCH 2015 materials as needed

Data Sources

Both quantitative and qualitative data were utilized for MCH 2015. Qualitative data consisted of Expert Panel input and other stakeholder feedback during meetings and comment periods. Additionally, materials and recommendations from related advisory groups, such as the Kansas MCH Council, the CYSHCN Council, Newborn Screening Advisory Council, Nutrition and WIC Advisory Committee, and the Kansas Blue Ribbon Panel on Infant Mortality were reviewed and considered.

Over 520 quantitative indicators stratified multiple ways were compiled, analyzed, and presented to the Expert Panels. Nationally- and state- standardized definitions were used whenever possible. Limitations, as appropriate, were included in explanations to the Expert Panels and noted on data products disseminated. Data sources include, but are not limited to the following:

- U.S. Census Bureau
- Vital statistics
- WIC
- Sexually transmitted disease surveillance
- Perinatal Casualty Report
- National Immunization Survey
- Newborn screening program
- Medicaid and Healthwave
- Youth Risk Behavior Survey
- Behavioral Risk Factor Surveillance System
- Underserved Areas Report
- National Survey of Child Health
- National Survey of Children with Special Health Care Needs
- Department of Education
- Department of Transportation
- Department of Justice
- Kansas Bureau of Investigation
- Hospital Discharge Data

To encourage data-driven decision making, the following information was provided for each indicator, where available and applicable:

- Kansas current and historical data
- U.S. current and historical data
- Healthy People 2010 goal
- Kansas data source
- U.S. data source
- Whether or not county-level data is available
- Comments and limitations

A sampling of the data results is included in Part III, and summary tables of the indicators are included in Appendices A, B, and C.

MCH 2015 Expert Panels Meeting #1

Before Meeting #1, Panelists were asked to review the data indicator worksheet (see Appendices A, B, and C) corresponding to their assigned MCH population group and complete a short pre-meeting assignment. This form is provided in Appendix D, along with the Meeting #1 agenda and other Meeting #1 tools.



Agenda Summary

The goals of Meeting #1 were to provide Panelists with an overview of the process, present a detailed review of the strengths and needs of each population group based on the data, identify additional data needs, and facilitate a discussion surrounding which indicators might be most important in determining priority needs.

Plenary Session

- Overview of Title V and the Title V Needs Assessment Process
- Importance of Data-Driven Decision Making
- Charge to Group

MCH Population Workgroup Sessions

- Review of Data Indicators
- Discussion of Population Needs and Strengths
- Final Selection of Key Indicators
- Determination of Additional Data Needed for Decision-Making

The agenda for Meeting #1 is included in Appendix D.

Tools

The tools used in Meeting #1 are listed below, and copies are included in Appendix D.

Tool	Activity
Pre-Meeting Assignment	Review indicator list for MCH population group and determine five most important and five least important indicators based on criteria listed.
Tool #1: Data Indicator Selection	Review indicator listing and determine data indicator needs for priority selection.
Tool #2: Additional Data Needed	List questions, additional data needs, and desired stratifications.

Progress

At the end of Meeting #1, the MCH 2015 Expert Panels had an understanding of Title V and the needs assessment process. Needs and strengths of each population group had been reviewed, and lists of questions and additional indicator needs were developed. Indicators were prioritized based on their value in helping determine priority needs. Lists of additional data needed were much more extensive for some groups than others. The list was reviewed and revised by BFH staff based on data availability and other limitations, though staff made an attempt to address all requests in some way. In the two months following the meeting, MCH epidemiologists compiled additional data and prepared presentations highlighting the findings.

What part of the process have you found to be most valuable?

“The group process of interpreting the available data and having the opportunity to ask for more information/ interpretation before being asked to identify priorities.”

- Stakeholder comment on evaluation form

“I really enjoyed the opportunity to have ‘homework’ on the prioritization of indicators between the first and second meetings. I thought it really helped to focus our conversation in the 2nd meeting.”

- Child and Adolescents Stakeholder

In between Meeting #1 and Meeting #2, the Children and Adolescents Panel completed an additional worksheet through email communication related to indicator prioritization.

A complete set of meeting handouts and resulting notes are available on the website: www.datacounts.net/mch2015.

MCH 2015 Expert Panels Meeting #2

Agenda Summary

The overall goal of Meeting #2 was for each MCH Expert Panel to select three priority needs and suggest strategies for each priority.

- Plenary Session: Review Meeting #1 Results, Charge to Panelists for Meeting #2
- MCH Population Workgroup Session
 - Review additional indicators and answers to data questions submitted in Meeting #1
 - Identify possible priorities
 - Select top priorities
 - Formulate strategies for each priority
- Plenary Session: Workgroup reports



The agenda for Meeting #2 is included in Appendix E.

Tools

The tools used in Meeting #2 are listed below, and copies are included in Appendix E.

Tool	Activity Completed
Tool #3: Identify Possible Priorities	Select possible priority needs based on data presented.
Tool #4: Q-Sort	Sort possible needs in priority order.
Tool #5: Identify Actions/Strategies	Suggest strategies by MCH Essential Service for each priority.

Progress

By the end of Meeting #2, each workgroup had selected its top priority needs and suggested strategies to address those priorities. Each workgroup narrowed its possibilities to three priority needs, except for the Pregnant Women & Infants group, which requested four priorities for a total of 10 from Kansas. The other stakeholders agreed.

After the meeting, MCH program staff reviewed the list of priority needs compared to available capacity. In particular, the children and adolescent draft priorities were very broad and encompassed nearly every child and adolescent health issue. Thus began the process of refining priority needs and strategies in light of assessed capacity and available resources; this analysis and refinement continued through the completion of the Action Plans in May 2010.

A complete set of meeting handouts and resulting notes is available on the website:
www.datacounts.net/mch2015.

MCH Program Staff Logic Model Development Meeting

Background

For MCH 2010, the capacity assessment was completed using the Capacity Assessment for State Title V (CAST-5) resources in a third meeting involving the all Expert Panels. Although some stakeholders found this approach to be very helpful, it was unwieldy and confusing for others. As one stakeholder commented on the MCH2010 evaluation form, “The capacity needs tool was confusing for agencies or programs outside of KDHE.” Furthermore, while the MCH 2010 priorities were well-chosen, Kansas was not as far along as we would have liked at the end of the MCH 2010 planning process in identifying strategies to address priorities. While these were identified later that year and in subsequent years by MCH program staff, the desire was to have a ready-to-implement MCH 2015 plan with achievable, measurable action steps by the start of the 2011 federal fiscal year.

Goals of MCH 2015 Capacity Assessment and Logic Model Development:

- **Build on Title V MCH program staff’s knowledge of State capacity**
- **Focus on capacity to address identified priorities and strategies**
- **Maximize resources and impact by complementing efforts of other partners and stakeholders**
- **Finished product should be ready-to-implement Action Plan with achievable and measurable steps**



MCH 2015 Approach to Capacity Assessment

With the current resource limitations faced by Title V staff members and their partners, a concerted effort was made to select MCH 2015 priorities that complement versus duplicate the efforts of other partners, and where a significant impact is possible over the next five years. Kansas Title V staff work very closely with other agencies and MCH stakeholders and are familiar with State’s capacity, particularly with the addition of several new advisory groups in the past five years. The State’s MCH capacity is also discussed in depth each year in Kansas’ Block Grant submission. Thus, the MCH 2015 capacity assessment focused on the capacity to impact the ten selected priority needs.

The primary approach was the development of a logic model and work plan for each priority and strategy by Title V MCH program staff. This allowed the Title V staff to systematically identify and evaluate activities, partners, and resources necessary to impact long-term outcomes, while utilizing a tool (logic model) familiar to other partners and stakeholders. The set of logic models and work plans is called the MCH 2015 Action Plan. It is discussed further in Part IV of this report.

Agenda Summary

Before the logic model development meeting, staff reviewed draft priority need statements as well as suggested strategies in light of capacity and available resources, and began refining priorities and

strategies as appropriate. In preparation for the meeting, the facilitator provided logic model resources, samples, and online logic model builders for the staff to review.

The overall goal of the meeting was for MCH Program staff to become familiar with the tools and to develop at least one complete logic model.

- Large Group Session: Overview of Logic Model and Work Plan tools by Facilitator
- Small Group Sessions (divided by population group): Complete at least one logic model
- Large Group Session
 - Discussion of progress and challenges
 - Technical assistance provided by facilitator during this session and throughout the day
- Small Group Sessions:
 - Complete at least one work plan
 - Identify at least one state performance measure for each priority
- Large Group Session
 - Small group reporting and feedback
 - Determine next steps for finishing MCH 2015 Action Plan

“Asking specific questions on each step of the logic model is very helpful. [This was] very good training on use of logic model.”

- MCH program staff comment

For the small group sessions, each group was provided with a laptop, projector, and logic model/work plan spreadsheet tool, as well as a facilitator and recorder.

Tools and Handouts

Tools used during this meeting are listed below. Copies of selected handouts are provided in Appendix F.

Tool/Handout	Purpose
Logic Model and Work Plan Definitions	To provide a consistent understanding among MCH program staff of logic model and work plan functional definitions. Used as a reference sheet throughout the process.
Summary of Vision, Mission, Goals, and Core Values	To help staff maintain focus on core values and desired long-term results.
Meeting #2 Results and Draft Priorities and Strategies	For reference during logic model development. Complete lists of strategies from Meeting #2 were provided. Electronic copies of logic models and work plans were pre-populated with draft priority needs.
Logic Model and Work Plan Spreadsheet	Electronic worksheet utilized during meeting. Both paper copies and electronic copies were provided to participants.

Progress

By the end of the meeting, each small group had completed at least one logic model. Some had finalized their state performance measures. Given all the strategies identified by the Expert Panels and MCH program staff, groups struggled to limit the scope of their plans to activities that could be completed with the available capacity and expected resources over the next five years. All groups

identified ways to continue enhancing current capacity while maintaining or increasing collaboration with partners. Small groups continued to meet several times on their own over a period of two months to refine and complete their plans.

Meeting handouts and notes are available on the website: www.datacounts.net/mch2015.

Strengths and Weaknesses of the Process

Based on the MCH 2015 Planning Team debriefing sessions, responses on the Expert Panel evaluation forms, and conversations with program staff and stakeholders, a summary of the strengths and weaknesses is listed in the table below. (See Appendix G for copies of evaluation results.) Overall, the process was well-received by both the outside stakeholders and MCH program staff. Most strengths identified were general to the process, while weaknesses cited were suggestions for adjusting a part of the process.

Strengths	Weaknesses/Challenges	Sampling of Stakeholder and Debriefing Comments
<ul style="list-style-type: none"> ▪ Number and engagement level of stakeholders (Expert Panels) who participated were good. ▪ Expert Panels organized by three MCH population groups allowed each population to be well-represented in end products. ▪ Use of facilitators to guide process and tools to structure discussion was helpful and generally well-received by stakeholders. ▪ Networking and information-sharing that took place throughout the process was positive. ▪ Streamlined process allowed for best possible results by using available, limited resources and by avoiding over-committing stakeholders. ▪ Posting of materials on website resulted in process that was open and transparent to stakeholders and the public. ▪ Compared to MCH 2010, there was consensus that the process had been improved and the resulting assessment – especially the Action Plan – was even more useful than MCH 2010. 	<ul style="list-style-type: none"> ▪ More diversity within the Expert Panels could have been helpful; for example, only one youth served on the Panel. Original list of invitees represented greater diversity but not everyone participated. ▪ Needed more time for discussion on some decisions and to work through some of the tools, particularly the logic models and work plans. ▪ Logistical challenges were experienced with the Meeting #1 venue; a different location was secured for Meeting #2. ▪ Tool #4 (Q-Sort) was not particularly helpful; group facilitators ended up using other methods to sort and prioritize potential needs. ▪ Narrowing priorities and identifying strategies that are both measurable and achievable with available resources/time was challenging, given the many needs everyone wanted to address. 	<p><i>“I applaud the diversity of the committee members when it comes to the community makeup (rural vs urban and state vs local). However, I do wonder if it would add to the conversation to have more diversity within the areas of race, ethnicity, and age.”</i></p> <p><i>“I thought both meetings were well organized – the group stayed on task, had pertinent handouts, etc.”</i></p> <p><i>“Conversation and relationship building, creating understanding [was valuable]. Data, prep and facilitation in my group all were strong.”</i></p> <p><i>“In the strategy discussion we seemed to talk a bit in circles due to the overwhelming magnitude of the challenges presented. I am not sure how to improve this necessarily.”</i></p> <p><i>“The networking with others in the MCH field and information sharing has been great!”</i></p>

Part II. Assessment of Needs

MCH 2015 Process of Assessing Needs

Data indicator worksheets (see Appendices A, B, and C) were provided to the MCH 2015 Expert Panels and made available online. Epidemiologists presented highlights of strengths and needs to stakeholders during Meeting #1, responding to questions regarding the data and noting items requiring follow-up clarifications. Additional data needs were identified by the stakeholders. These data (if available), along with analysis clarifications, were presented at Meeting #2. This section highlights selected needs and strengths by MCH population group from the indicator worksheets, epidemiologist presentations, and other data reviewed as part of the MCH 2015 process.

MCH Population Groups

- Pregnant Women and Infants
- Children and Adolescents
- Children and Youth with Special Health Care Needs

Pregnant Women and Infants

Title V defines a pregnant woman as “a female from the time that she conceives to 60 days after birth, delivery, or expulsion of fetus.” For the purposes of MCH 2015, the focus is “all Kansas women of childbearing age”. Infants are all children under one year.

Population Characteristics

In 2008, there were an estimated 42,425 infants living in Kansas, or about 1.5% of the total Kansas population. Women of childbearing age (15-44 years) comprise nearly 20% of the Kansas population.

Pregnant Women and Infants MCH 2015 Goal

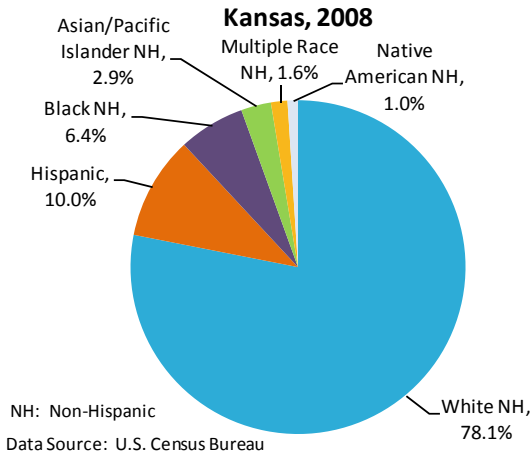
Enhance the health of Kansas women and infants in partnership with families and communities

Population Group	Age in Years	KS 2008 Population Estimate	KS % of Total	US % of Total
Infants	<1	42,425	1.5%	1.4%
Women of Childbearing Age	15-44	553,481	19.8%	20.4%
<i>Adolescent Women</i>	15-19	96,531	3.4%	3.4%
<i>Adult Women</i>	20-44	456,950	16.3%	16.9%

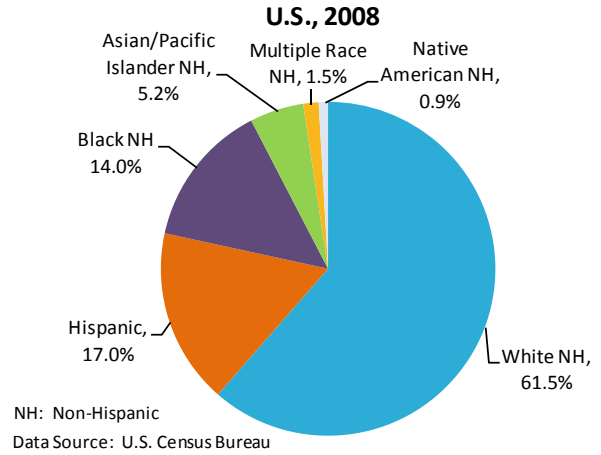
Over half of Kansas infants live in the five largest counties in the State (Sedgwick, Johnson, Wyandotte, Shawnee, and Douglas). Three-in-ten infants are of a racial or ethnic minority; 8% of infants are black and 16% are Hispanic.

Approximately one-in-five Kansas women of childbearing age belong to a racial or ethnic minority group, compared to nearly two-in-five women nationwide. Ten percent of Kansas women ages 15-44 are Hispanic, and 6% are black. This compares to 17% and 14%, respectively, of U.S. women.

Women (ages 15-44) by Race and Ethnicity

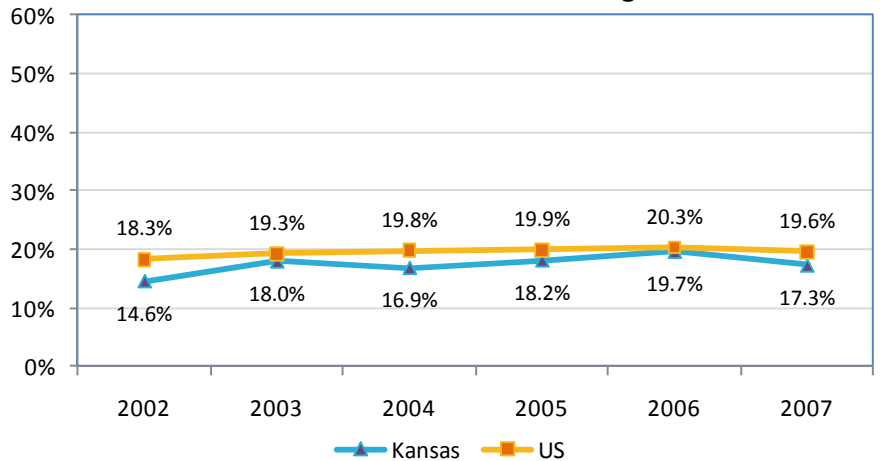


Women (ages 15-44) by Race and Ethnicity



Approximately 17% of Kansas women ages 18 to 44 years lacked health care coverage in 2007, which is slightly below the national average of 19.6%.

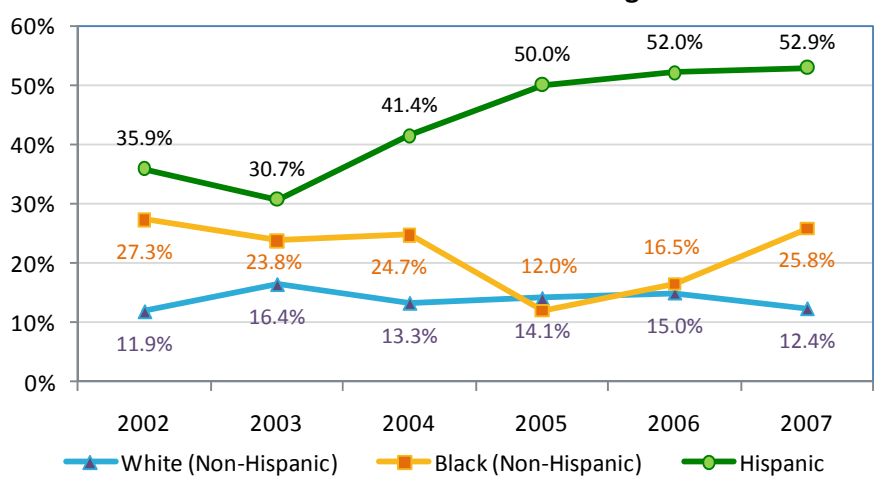
Percent of Women (Ages 18-44) Without Health Care Coverage



Data Source: Behavioral Risk Factor Surveillance System

Black adult women of childbearing age were twice as likely as white women to be uninsured, and Hispanic women were more than four times as likely (2007). From 2003 to 2007, the percentage of Hispanic women 18 to 44 year without coverage increased 72%.

Percent of Kansas Women (Ages 18-44) Without Health Care Coverage

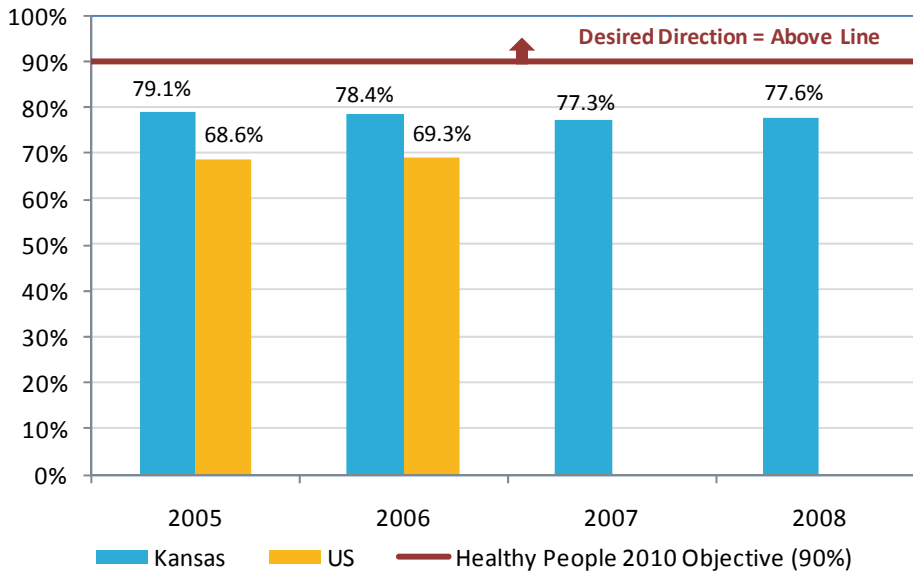


Data Source: Behavioral Risk Factor Surveillance System

Prenatal Care

“Increase early and comprehensive health care before, during and after pregnancy” was one of the MCH2010 priority needs. The latest data showed many Kansas pregnant women do not receive adequate prenatal care. The percent of pregnant women who received early and adequate prenatal care (measured according to the APNCU Index) decreased slightly from 79.1% in 2005 to 77.6% in 2008, still well below the Healthy People 2010 objective of 90%. Less than three-fourths of Kansas women, 73.1% in 2008, received prenatal care beginning in the first trimester. This was also slightly lower than 2005 (76.0%) and worse than the Healthy People 2010 objective of 90%.

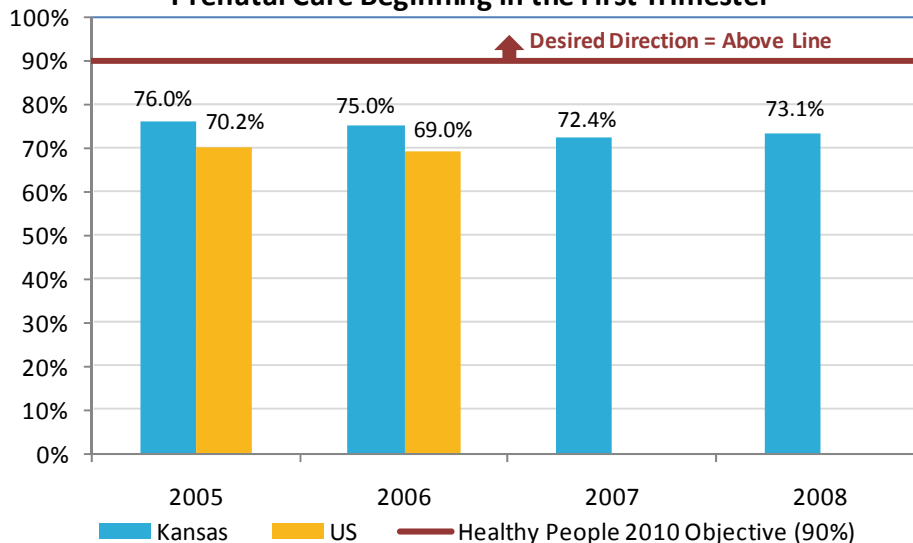
Percent of Pregnant Women who Receive Early and Adequate Prenatal Care (APNCU)



Data Sources: KDHE Bureau of Public Health Informatics; National Center for Health Statistics

The Adequacy of Prenatal Care Utilization (APNCU) Index is an assessment of early and adequate prenatal care based on gestational age of the newborn, the trimester care began, and the number of prenatal visits made.

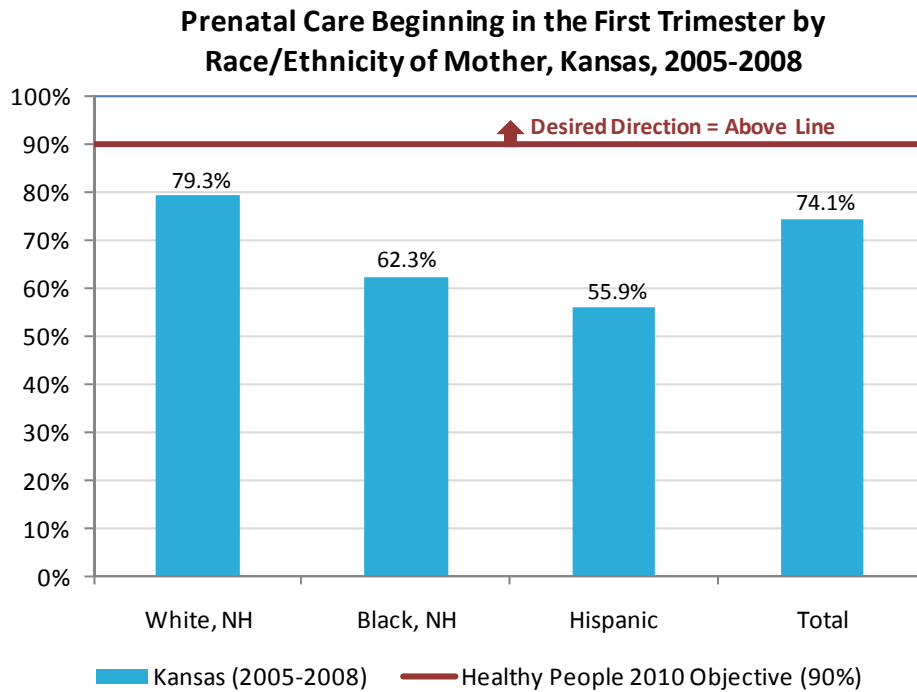
Percent of Infants Born to Pregnant Women Receiving Prenatal Care Beginning in the First Trimester



Data Source: KDHE Bureau of Public Health Informatics; National Center for Health Statistics

In 2008, 73.1% of Kansas pregnant women began care in the first trimester, 21.5% began in the second trimester, 4.2% in the third trimester, and 1.1% received no prenatal care.

Considering prenatal care by race/ethnicity, black Non-Hispanic women were less likely than white Non-Hispanic women to begin care in the first trimester (62.3% versus 79.3%, 2005-2008). Only 55.9% of Hispanic women started prenatal care during the first trimester.

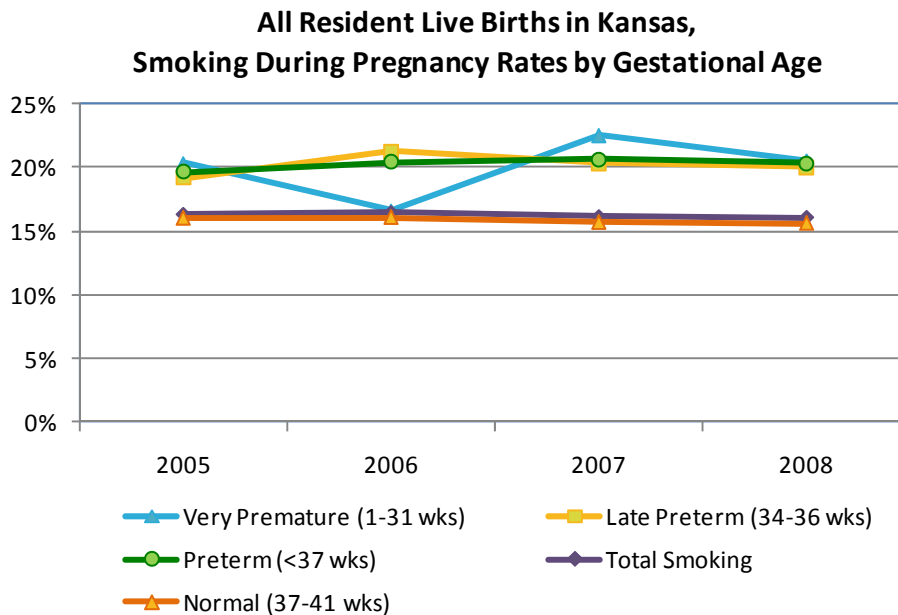


NH: Non-Hispanic

Data Source: KDHE Bureau of Public Health Informatics

Smoking During Pregnancy

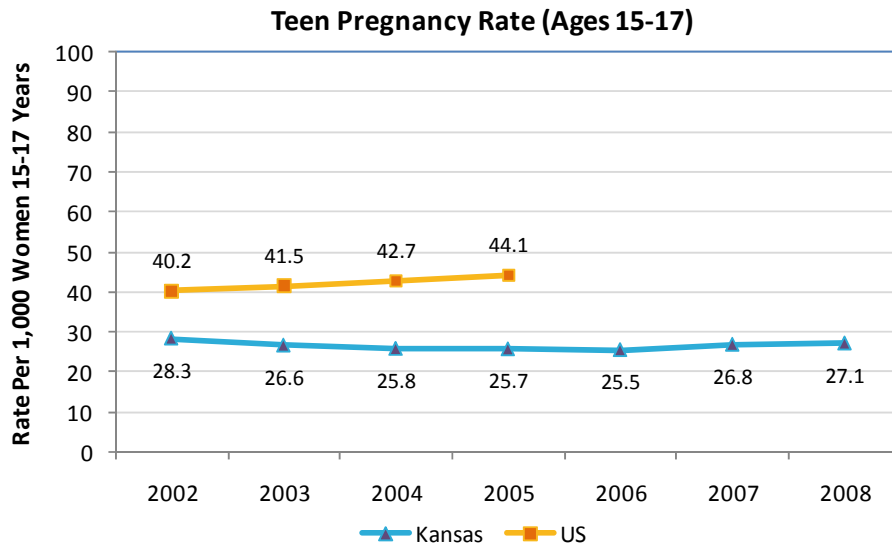
In 2008, approximately 16% of Kansas infants were born to mothers who smoked during pregnancy. The smoking rate was 15.6% for normal-term births compared to about 20% for preterm births.



Data Source: KDHE Bureau of Public Health Informatics

Teen Pregnancy

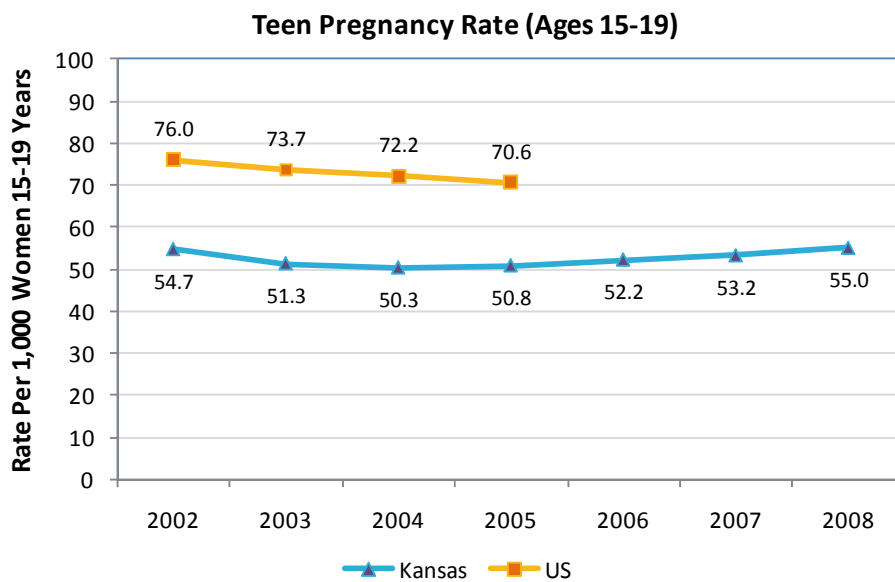
In 2008, the pregnancy rate for Kansas adolescents age 15 to 17 years was 27.1. In most recent data, Kansas has trended substantially lower than the national rate.



The age 15-17 teen pregnancy rate is defined as the sum of live births, stillbirths, and abortions per 1,000 adolescent females aged 15 to 17 years. (Pregnancy rates for other age ranges are calculated similarly.)

Data Source: KDHE Bureau of Public Health Informatics; National Center for Health Statistics
 Note: U.S. data for 2007 is preliminary.

The Kansas pregnancy rate for ages 15 to 19 was 55.0 in 2008, which was well below the most recent national data (2005). Kansas non-Hispanic black teenagers had pregnancy rates over two times higher than white teens, and Hispanic teens were over three times higher.



**Teen Pregnancy Rate
(Ages 15-19)
by Race/Ethnicity
2008**

White (Non-Hispanic)	42.2
Black (Non-Hispanic)	97.6
Hispanic	121.1

Data Source: Bureau of Public Health Informatics; National Center for Health Statistics
 Note: Teen pregnancies include live births, stillbirths and abortions.

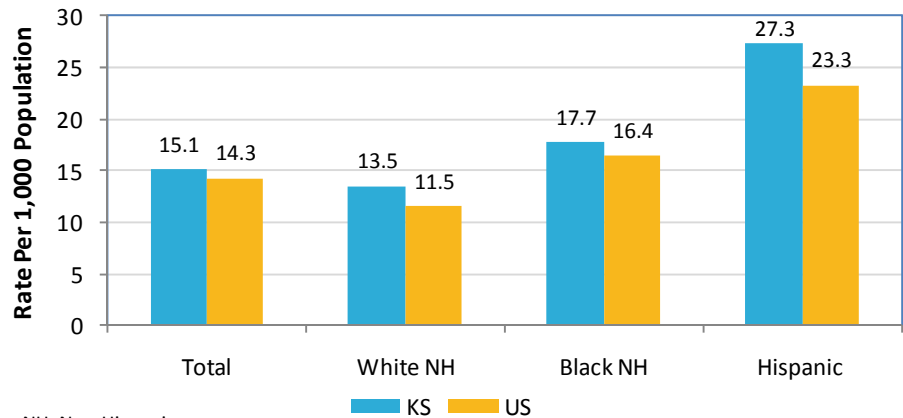
Birth Rates

The 2007 Kansas birth rate was 15.1 per 1,000 population compared to 14.3 for the U.S. The Hispanic birth rate was over twice that of white NH (27.3 versus 13.5). The black NH birth rate was 17.7 per 1,000.

The 2008 birth rate for Kansas was slightly less than 2007 (14.9) and there were 41,815 live births. Over half

(54.5%) of those births were to residents of the five largest counties in the state (Sedgwick, Johnson, Wyandotte, Shawnee and Douglas). Geary (25.8), Seward (24.4) and Ford (21.7) counties had the highest birth rates.

**Crude Birth Rate by Race and Ethnicity
2007**



NH: Non-Hispanic
Data Source: KDHE Bureau of Public Health Informatics; National Center for Health Statistics
Note: U.S. data for 2007 is preliminary.

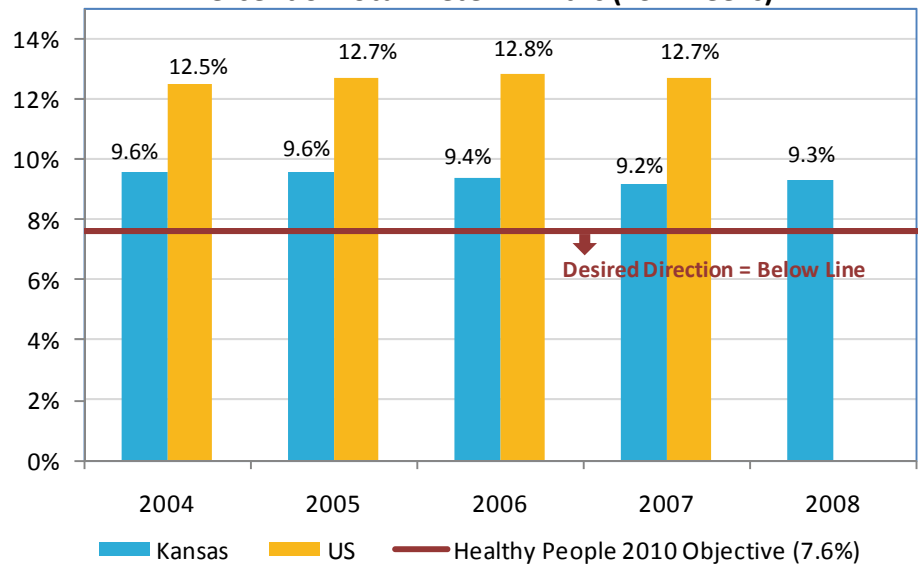
Preterm Births

“Reduce premature births and low birth weight” was selected as a priority for the last five-year needs assessment. Both indicators have been relatively steady over the last several years. The rate for preterm births, those occurring before 37 weeks

gestational age, has been lower in Kansas than the U.S. (9.2% versus 12.7% in 2007). However, this was still worse than the

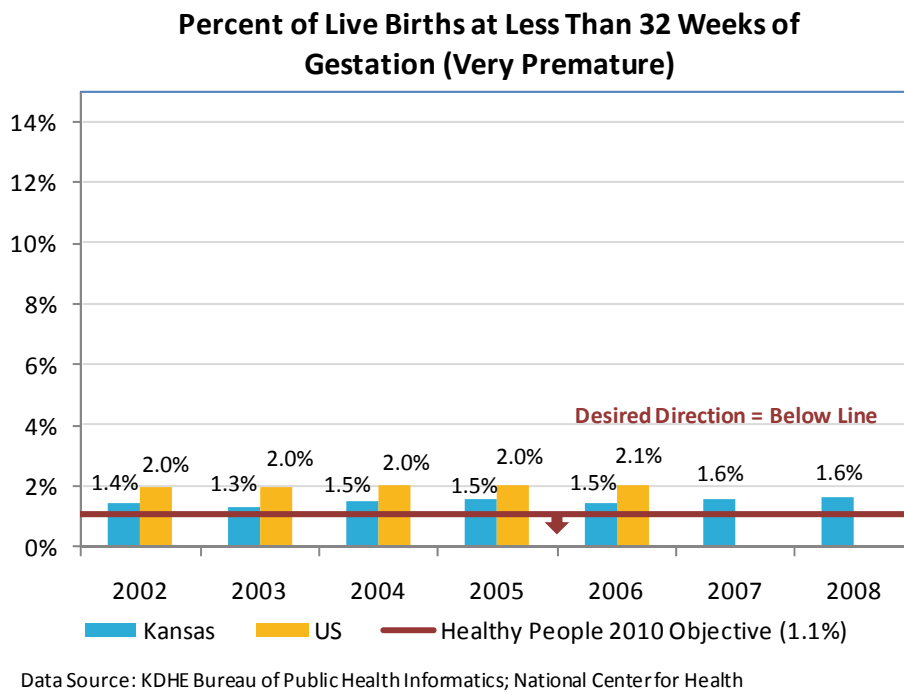
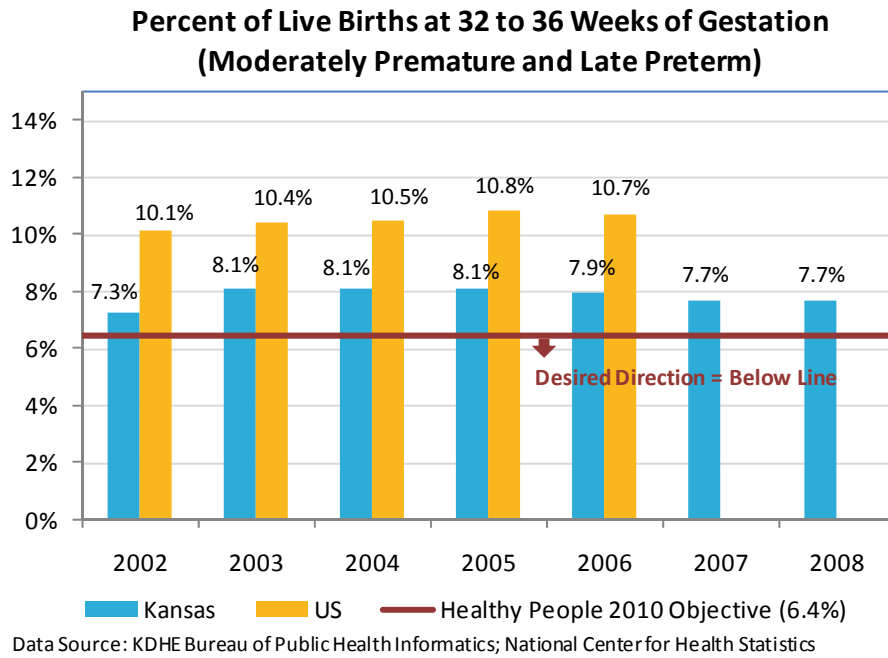
Healthy People 2010 goal of 7.6% or less. Among racial/ethnic groups, the black NH prematurity rate was 40% higher than the white NH rate, at 12.9% versus 9.2% (2008). Hispanic premature births were lower than the State average; the Hispanic prematurity rate met the Healthy People 2010 goal at 7.6%.

Percent of Total Preterm Births (<37 Weeks)



Data Source: KDHE Bureau of Public Health Informatics; National Center for Health Statistics
Note: U.S. data for 2007 is preliminary.

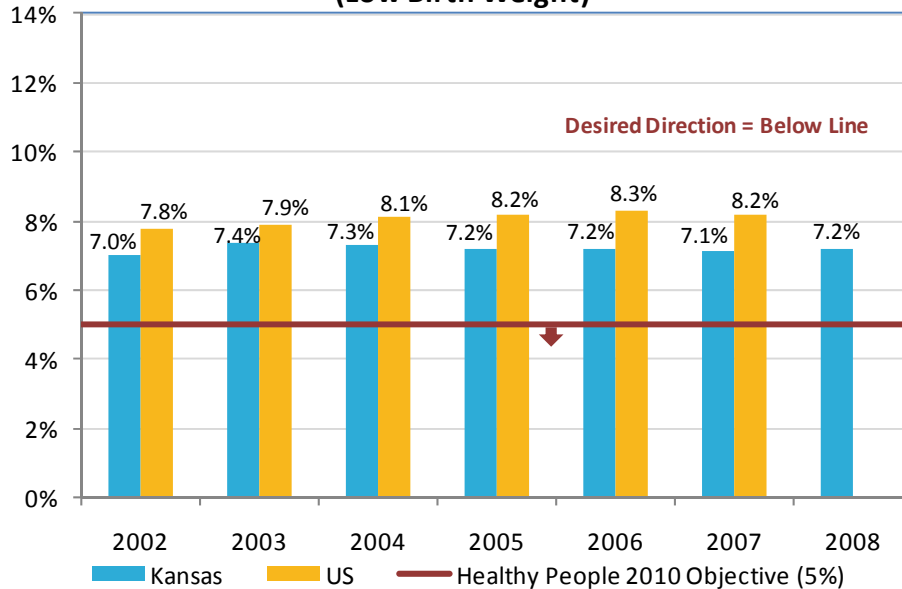
The trend continues for moderately and late premature infants (32 to 36 weeks) and very premature infants (less than 32 weeks): Kansas is performing better than the national average, but worse than the Healthy People 2010 goal of 6.4%.



Low Birth Weight Births

Similar to preterm births, Kansas' low birth weight percentage has been slightly lower than the national average, but still worse than the Healthy People 2010 goal of 5.0%.

**Percent of Live Births Weighing Less Than 2,500 grams
(Low Birth Weight)**

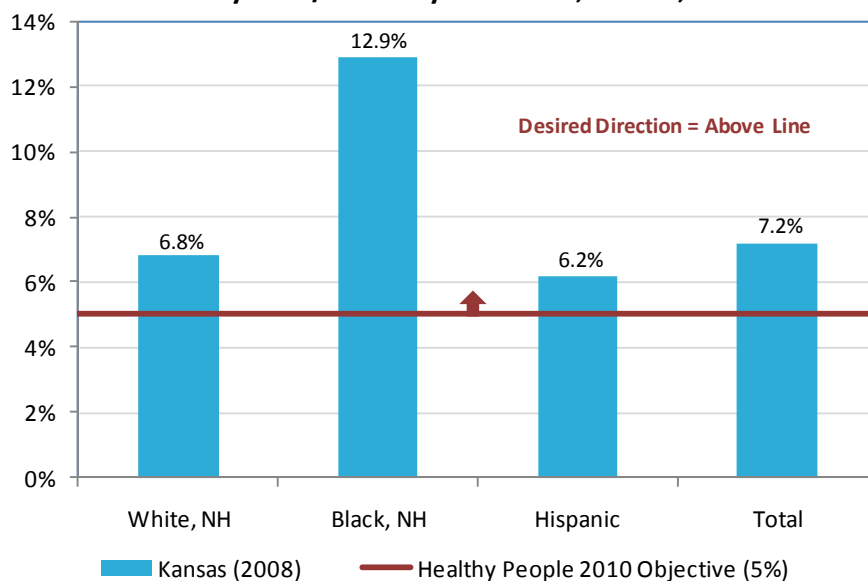


Data Source: KDHE Bureau of Public Health Informatics; National Center for Health Statistics
U.S. data for 2007 is preliminary.

A low birth weight birth is defined as a birth where the infant weighs less than 2,500 grams, (about 5 ½ pounds) at delivery.

By race/ethnicity, Hispanics had the lowest low birth weight percentage (6.2%) while black NH had the highest (12.9%). Black NH low birth weight was 90% higher than the white NH low birth weight.

**Percent of Live Births Weighing Less Than 2,500 grams
by Race/Ethnicity of Mother, Kansas, 2008**

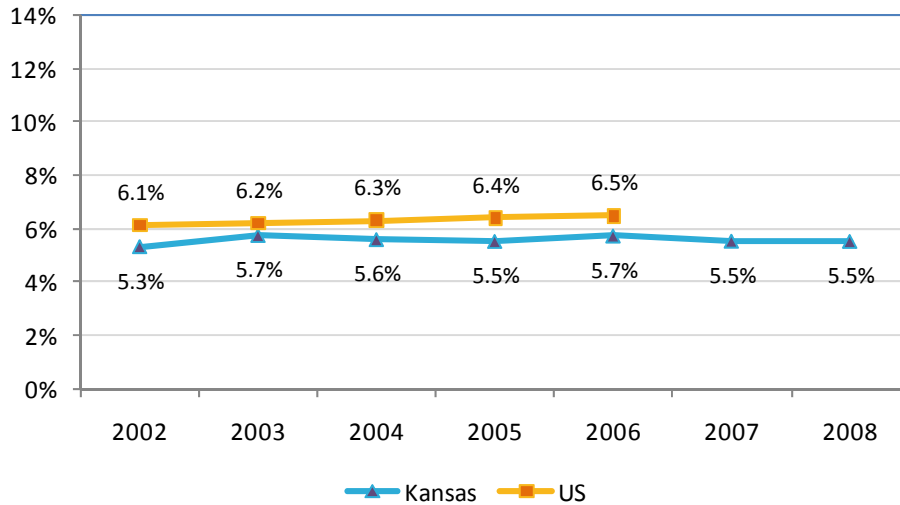


NH: Non-Hispanic
Data Source: KDHE Bureau of Public Health Informatics

Low birth weight is associated with increased risk for infant mortality. Among Kansas infant deaths where birth weight was known, 62% of the infants were low birth weight. (Source: 2005-2008 linked infant birth/death file, KDHE)

Compared to the low birth weight rate of 7.2% among all Kansas live births, the singleton low birth weight rate was 5.5% in 2008.

Percent of Live Singleton Births Weighing Less Than 2,500 Grams (Low Birth Weight)



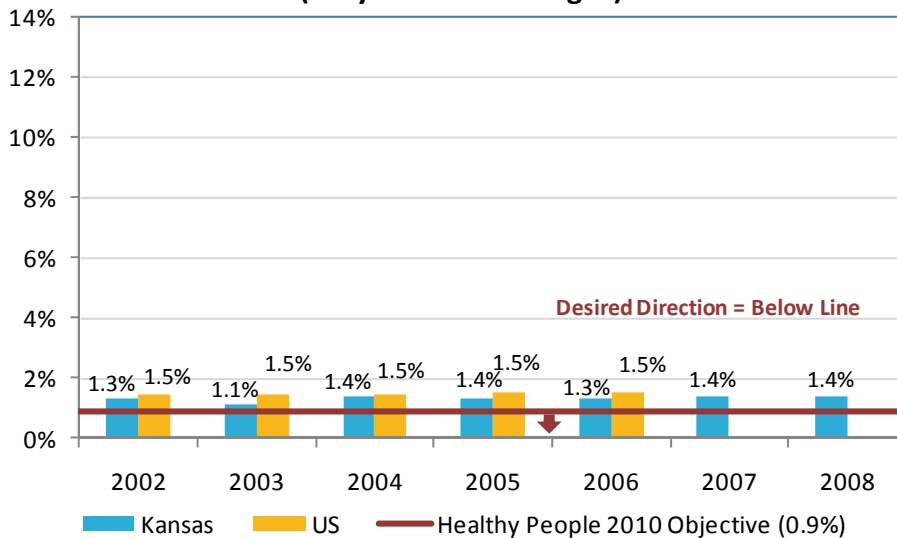
Data Source: KDHE Bureau of Public Health Informatics; National Center for Health Statistics

A singleton birth is a single offspring from one pregnancy, versus a multiple birth, where there are multiple babies born from a single pregnancy (e.g., twins, triplets).

In Kansas, 96.9% of births were singletons, 2.9% (1,226 births) were twins, and 0.1% (46 births) were other multiples (2008).

The very low birth weight percentage in Kansas has hovered around 1.4% for the last five years, slightly better than the national rate of 1.5% but worse than the Healthy People 2010 objective of 0.9%.

Percent of Live Births Weighing Less Than 1,500 Grams (Very Low Birth Weight)

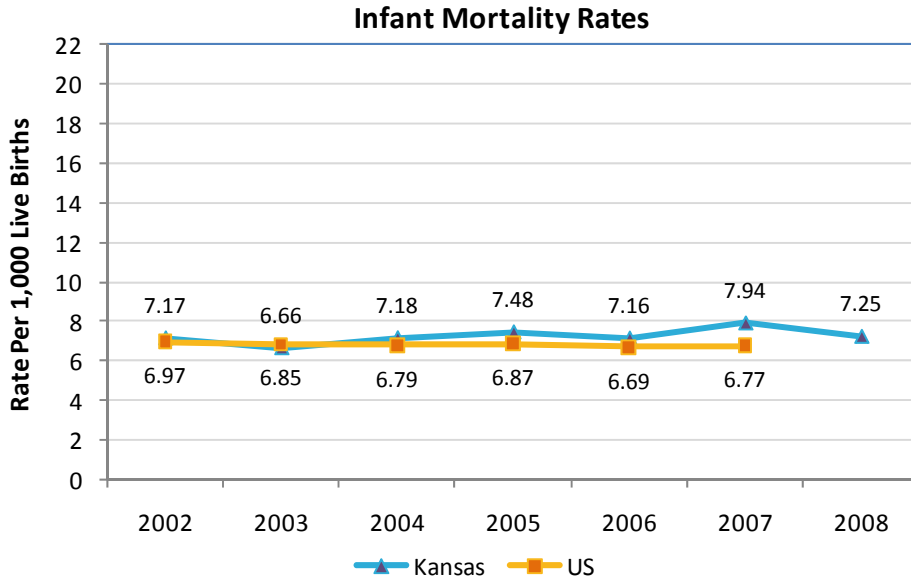


Data Source: KDHE Bureau of Public Health Informatics; National Center for Health Statistics

A very low birth weight birth is defined as a birth where the infant weighs less than 1,500 grams, (about 3 pounds, 5 ounces) at delivery.

Infant Mortality

Although Kansas' low birth weight and prematurity rates have been *better* than U.S. rates, the State's infant mortality has been *losing ground* compared to the national average. In 2007, Kansas' rate was 17% higher than the U.S. rate (7.94 versus 6.77).

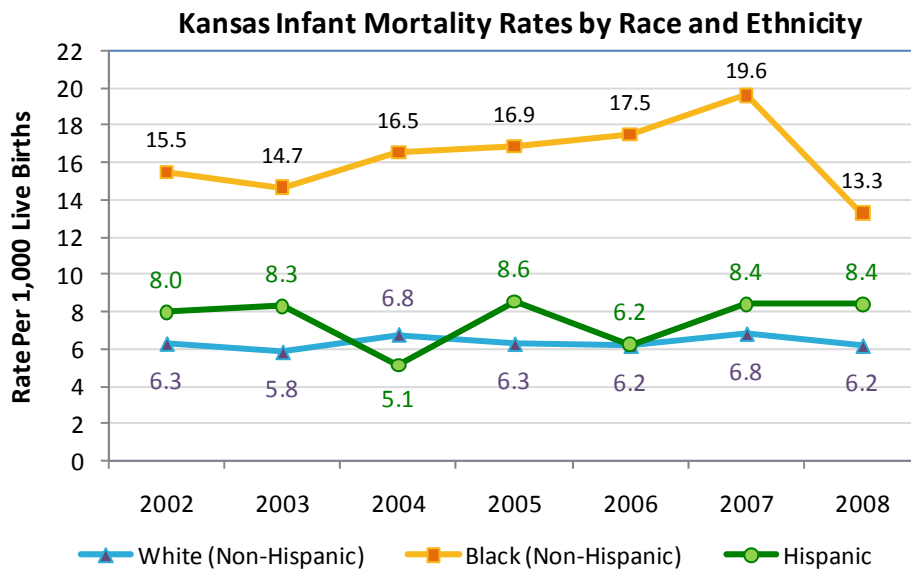


Data Source: KDHE Bureau of Public Health Informatics; National Center for Health Statistics
 Note: U.S. data for 2007 is preliminary.

An infant death is defined as the death of a live-born infant which occurs within the first year of life.

In 2008, there were 303 infant deaths in Kansas.

Black non-Hispanic infant mortality is the highest among the reported racial/ethnic groups, and white non-Hispanic is the lowest. The Hispanic infant mortality rate is higher than white, even though the Hispanic population has lower prematurity and low birth weight rates.

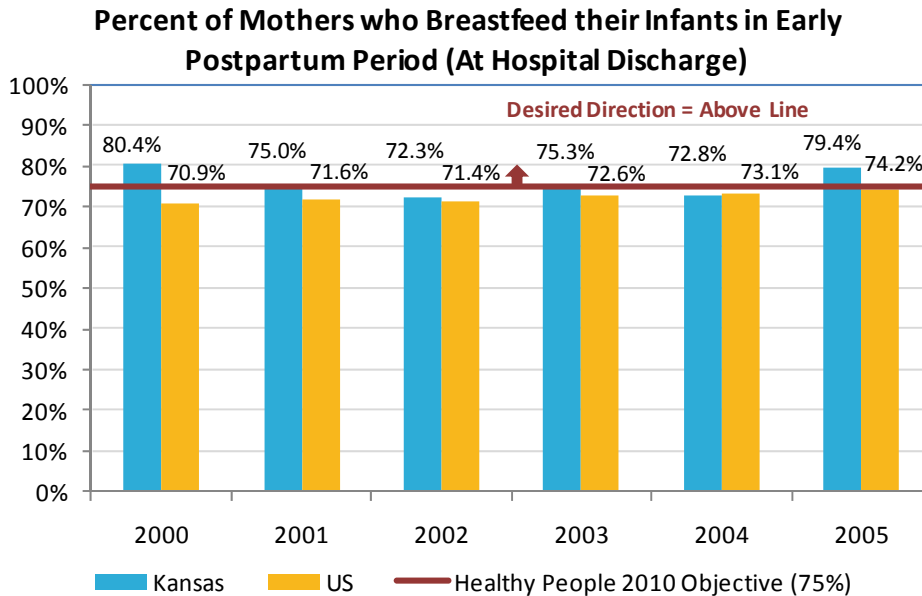


Data Source: KDHE Bureau of Public Health Informatics

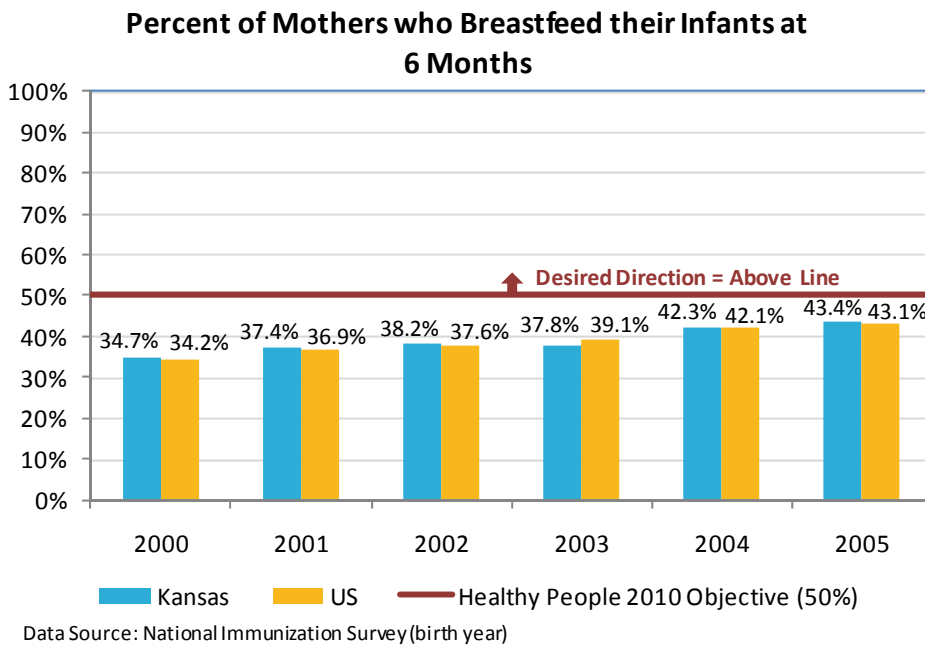
In 2008, 184 of the 303 Kansas infant deaths were White (non-Hispanic), 39 were Black (non-Hispanic), and 57 were Hispanic, with the remaining 23 deaths belonging to other racial categories.

Breastfeeding

“Increase breastfeeding” was an MCH 2010 priority for the pregnant women and infants population. Trends from the most recent data show small changes, but the direction is encouraging. According to the National Immunization Survey, 79.4% of Kansas mothers breastfed their infants at hospital discharge. This was higher than the national average and exceeded the Healthy People 2010 goal of 75%.



In 2005, 43.4% of Kansas mothers were still breastfeeding their babies at 6 months; this was similar to the national average but below the 50% Healthy People 2010 objective.





About one-in-five Kansas mothers were still breastfeeding their infants at one year (2005 National Immunization Survey). Although this is up from 17.3% of mothers in 2003, it is below the Healthy People objective of 25%.

Among mothers participating in the WIC program, the breastfeeding rates are substantially lower than those reported for the general population of Kansas mothers in the National Immunization Survey.

Percent of Kansas mothers participating in WIC who breastfeed their infants (2008)

At hospital discharge	68.0%
At 6 months	20.6%
At one year	12.2%

Other

Highlights of other issues related to pregnant women and infants, particularly concerns noted by the MCH 2015 Expert Panel, are listed in the table below.

Mental Health and Substance Abuse

- Among Kansas WIC participants in 2007, 20% of women reported drinking alcohol in the 3 months before conception, and 0.5% reported drinking alcohol during the last three months of pregnancy.
- According to birth certificate data, 0.2% (92 mothers) reported alcohol use during pregnancy.
- According to the Kansas Department of Social and Rehabilitation Services (SRS), Addiction and Prevention Services, 625 pregnant women were admitted for substance abuse treatment in 2009. During the period 2000 to 2009, 4,862 pregnant women were admitted for services; here are selected statistics for this cohort of pregnant women:
 - Primary problem:
 - Alcohol (35.6%)
 - Marijuana (28.5%)
 - Cocaine (16.8%)
 - Methamphetamine (15.0%)
 - Other (4.2%)
 - Nearly half (48.8%) of pregnant women admitted to services had one or more other children.
 - Many reported having experienced some type of abuse: emotional (44.3%), physical (48.6%), and/or sexual (39.3%).
- The Expert Panel noted the lack of mental health data for pregnant women.

Pre-Pregnancy Health and Risk Factors

- According to 2005-2008 birth certificate information, 0.7% of mothers had pre-pregnancy diabetes, and 3.6% were diagnosed with gestational diabetes.
- During that same period, 1.0% had pre-pregnancy hypertension, and 3.7% had gestational hypertension.
- Other risk factors include those that had a previous preterm birth (2.8%), previous cesarean (11.8%), or other previous poor birth outcome (1.6%).

Infant Health Conditions, Risk Factors and Conditions Related to Delivery

- Rate of congenital anomalies per 1,000 live births: 19.0 (Kansas, 2008)
- The leading causes of infant mortality in Kansas (2008) are
 - Congenital anomalies: 25.4% (77 deaths)
 - Sudden Infant Death Syndrome (SIDS): 17.2% (52 deaths)
 - Disorders relating to short gestation and low birth weight: 15.5% (47 deaths)
 - Maternal factors and complications of pregnancy, labor, and delivery: 10.6% (32 deaths)
 - Other causes: 31.4% (95 deaths)
- Among very low birth weight infants, 78.9% were delivered at facilities for high-risk deliveries and neonates in 2008; this is down slightly from 82.6% in 2002.

Children and Adolescents

Based on the Title V definition, the MCH 2015 children and adolescents population group is defined as “a child from first birthday through 21st year.”

Through the needs assessment process, indicators representing comprehensive and varied issues for this population were reviewed. Highlights of selected data are included in this section. Worksheets summarizing many of the indicators reviewed are in Appendix B.

Population Characteristics

In 2008, there were 824,385 children and adolescents aged 1 to 21 years living in Kansas (U.S. Census), which represents 29.4% of the Kansas population. The below table summarizes this population by age group and race/ethnicity.

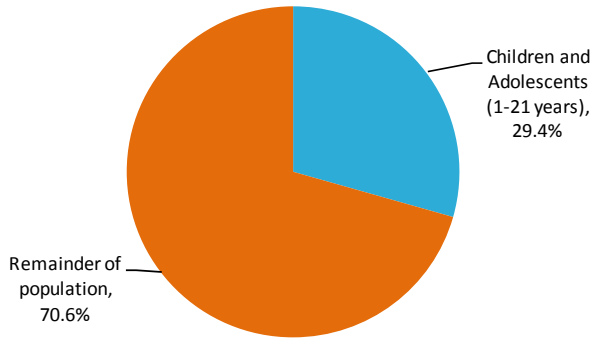
Children and Adolescents MCH 2015 Goal

Enhance the health of Kansas children and adolescents in partnership with families and communities

Race/Ethnicity	1-4 Years	5-9 Years	10-14 Years	15-19 Years	20-21 Years	Total
White, NH	113,461	140,084	141,637	156,104	66,957	618,243
Black, NH	13,868	16,484	15,269	16,355	6,634	68,610
Native American, NH	1,864	2,189	15,269	2,439	1,091	9,604
Asian/Pacific Islander, NH	4,361	4,984	2,021	3,939	1,790	19,370
Hispanic	26,550	28,624	4,296	21,021	7,908	108,558
Total	160,104	192,365	187,678	199,858	84,380	824,385

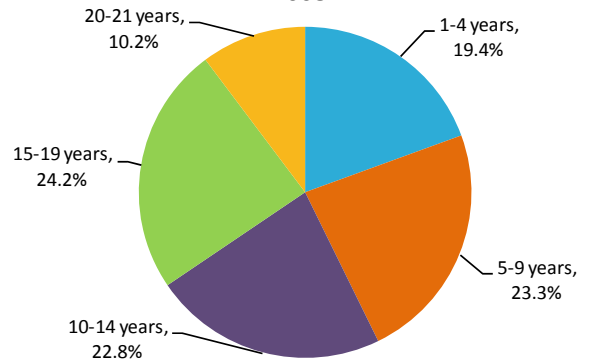
NH: Non-Hispanic

Children and Adolescents as Proportion of Total Population in Kansas, 2008



Data Source: U.S. Census Bureau, bridged population data, 2008

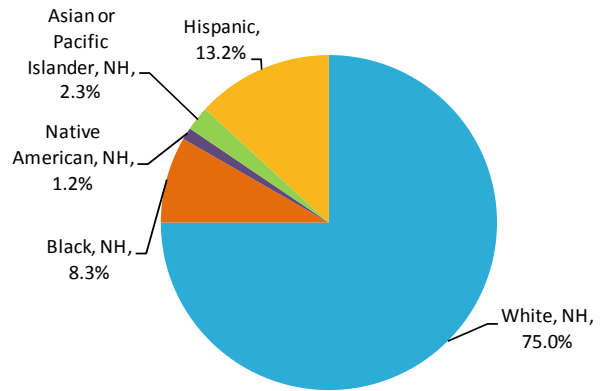
Kansas Children and Adolescents by Age Group 2008



Data Source: U.S. Census Bureau, bridged population data, 2008

The Kansas population, like that of the nation, is becoming more racially and ethnically diverse. One-in-four of Kansas children and adolescents belong to a racial or ethnic minority. Looking across the age groups, three-in-ten young children (1 to 4 years) are part of a racial/ethnic minority versus two-in-ten young adults (20 to 21 years). About 10% of Kansans age 15 to 21 are Hispanic, compared to 16.6% of young children.

Children (Ages 1-21) by Race, 2008

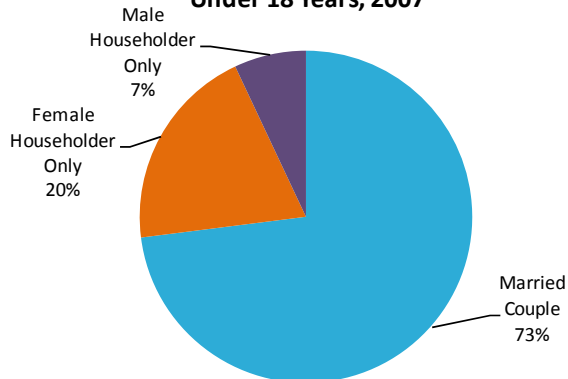


NH: Non-Hispanic

Data Source: U.S. Census Bureau, bridged population data, 2008

Among families with children under 18, approximately 27% are single-parent families versus married-couple families.

Kansas Families with Own Children Under 18 Years, 2007

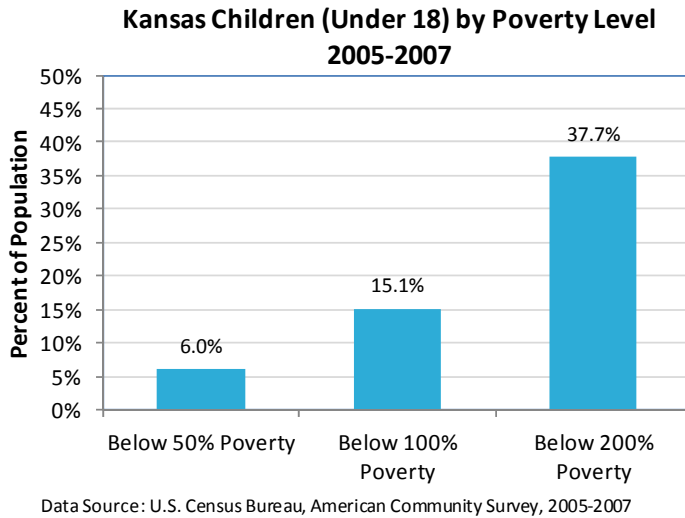


Data Source: U.S. Census Bureau, American Community Survey, 2007



Poverty and Insurance

Nearly four-in-ten Kansas children live below 200% poverty, with 15.1% living below the poverty level, and 6.0% below 50% poverty.



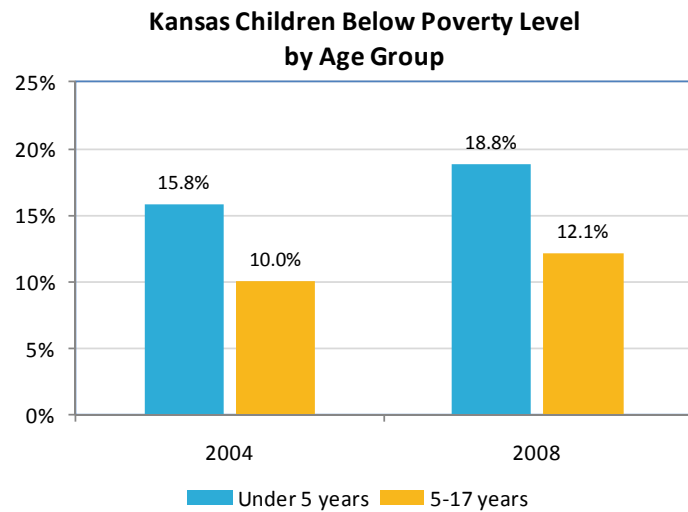
Poverty thresholds vary by size of family unit and number of related children under 18.

“100% Poverty” represents a household income equal to the poverty level. “200% Poverty” refers to an income **twice** that of the poverty level, and “50% Poverty” is an income **half** the poverty level.

For example, for a **family of three** with one adult and two related children under 18, the 2007 poverty thresholds as a ratio to household income are as follows:

- 50% Poverty = Annual income of \$8,353
- 100% Poverty = Annual income of \$16,705
- 200% Poverty = Annual income of \$33,410

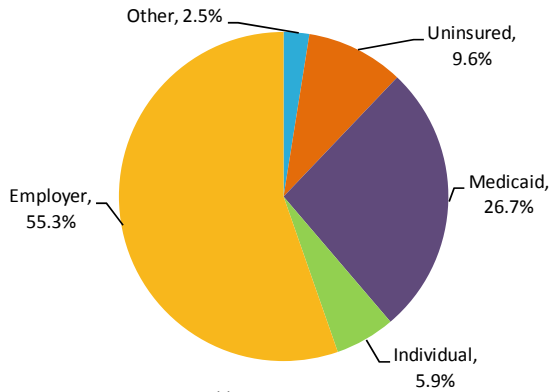
Younger children are more likely than older children to be living in households with incomes below the poverty level. In 2008, 18.8% of children under 5 years were living in households with incomes below poverty versus 12.1% of children 5 to 17 years. Based on recent data, the proportion of children below poverty is increasing for both younger and older children.



In 2007-2008, an estimated 9.6% of Kansas children ages 18 and under were uninsured, and over one-in-five children living in poverty were uninsured. Among all children, “Employer” was the most common insurance type, while “Medicaid” was most common for children living in poverty. Over one quarter of all children (26.7%) are covered through the Medicaid program. Having an adequate number and distribution of Medicaid providers continues to be a challenge. Four Kansas counties had no Medicaid medical provider in 2008, and 23 counties had no Medicaid dental provider.

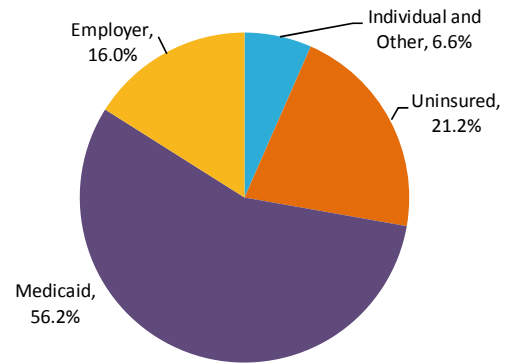
Graphs on the following page show the distribution of insurance status for all Kansas children versus children in poverty.

Kansas Children (Ages 0-18) by Insurance Type, 2007-2008



Data Source: Kaiser State Health Facts, 2007-2008

Kansas Children (Ages 0-18) Living in Poverty (<100% FPL) by Insurance Type, 2007-2008

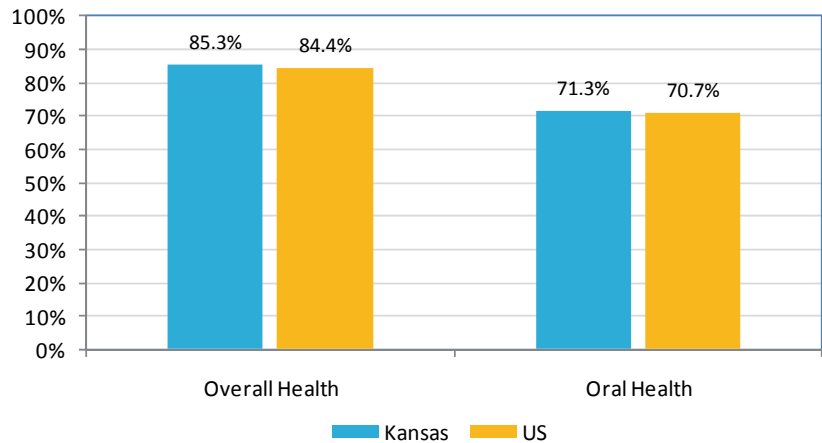


Data Source: Kaiser State Health Facts, 2007-2008

Health Status

Approximately 85% of Kansas parents rated their child’s overall health as “good” or “excellent”. This was very comparable to the U.S. statistic. However, when asked about their child’s oral health, fewer Kansas parents (71.3%) rated it as “good” or “excellent”. This, too, was comparable to the national average.

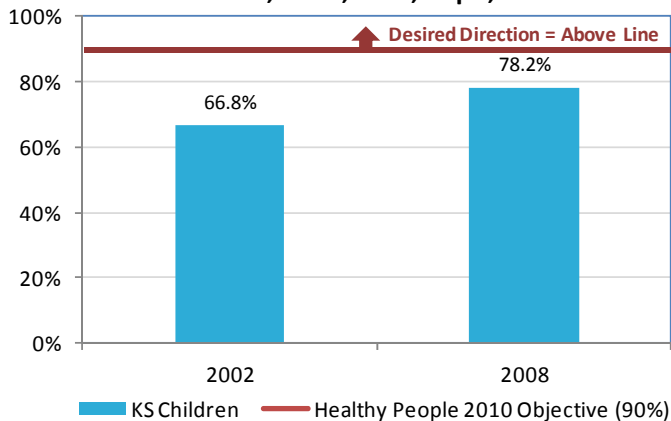
Percent of Parents who Rated Their Child's Health as Good or Excellent, 2007



Data Source: HRSA, National Survey of Child Health, 2007

Immunizations

Percent of Children (19-35 months) that Received DTP, Polio, MCV, HepB, and HIB



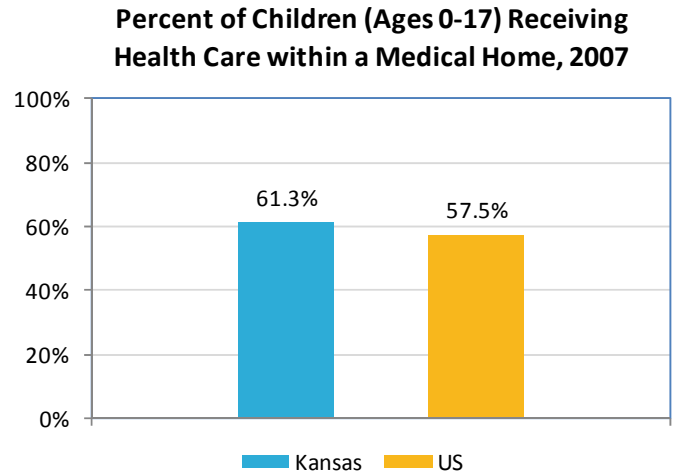
Data Source: CDC, National Immunization Survey, 2002, 2008

Kansas has taken measures to address immunization rates in recent years, and the most current data is showing improvements. In 2008, 78.2% of children 19 to 35 months had received the recommended immunizations, up from 66.8% in 2002. There is still work to be done to meet the Healthy People goal of 90%.

Medical Home

According to the National Children’s Health Survey, in 2007, 61.3% of Kansas children received care within a medical home, compared to 57.5% of children nationwide. Those more likely to have a medical home are younger children compared to adolescents, white versus black or Hispanic, and those with private health insurance versus uninsured or Medicaid.

The MCH 2015 C&A Expert Panel questioned these data; the reported proportion of those receiving care within a medical home according to the survey was higher than they expected. After further reviewing survey data and definitions, the Panelists suspect the survey data may not sufficiently be able to capture the comprehensiveness of the definition, and may be over-reporting children receiving care within a medical home. As Kansas continues to monitor these data and promote a medical home, MCH program staff will continue to review data resources and their limitations, seeking indicators that will match the Kansas statutory definition of a medical home, as closely as possible.



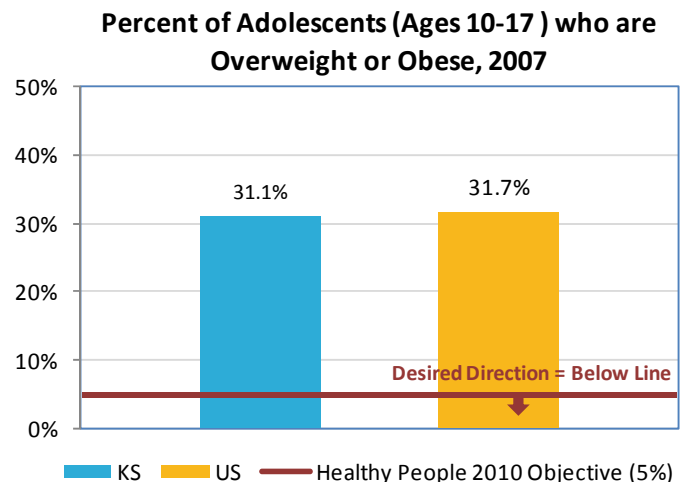
Date Source: National Children's Health Survey, 2007

According to Kansas statute, a “**medical home**” is defined as “a health care delivery model in which a patient establishes an ongoing relationship with a physician or other personal care provider in a physician-directed team, to provide comprehensive, accessible and continuous evidence-based primary and preventive care, and to coordinate the patient’s health care needs across the health care system in order to improve quality and health outcomes in a cost effective manner.”

Overweight and Obesity

According to the latest data, nearly one-in-three Kansas adolescents is overweight or obese, which is similar to the national average (2007, National Children’s Health Survey) and six times higher than the Healthy People 2010 objective. Related factors for Kansas high school students, from the 2007 Youth Risk Behavior Survey are as follows:

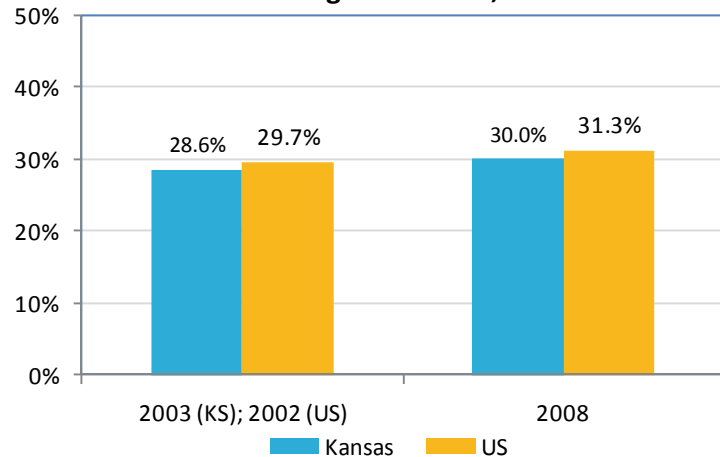
- 26% watch at least 3 hours of TV per day
- 20% play video or computer games at least 3 hours per day
- 45% are trying to lose weight
- 6% take diet pills, powder or liquid to lose weight without doctor authorization
- 45% are physically active (breathe hard and increase heart rate) for at least 5 hours per week



Data Source: HRSA, National Survey of Child Health, 2007

In 2008, 30% of Kansas children age 2 to 5 in the WIC program were overweight or obese. This has increased slightly from 2003. “Overweight” is defined as body mass index (BMI)-for-age at the 85th percentile or greater, while “obese” is defined as BMI-for-age above the 95th percentile; 13.3% of children receiving WIC services in 2008 were obese.

Percent of WIC Children (Ages 2-5) who are Overweight or Obese, 2008

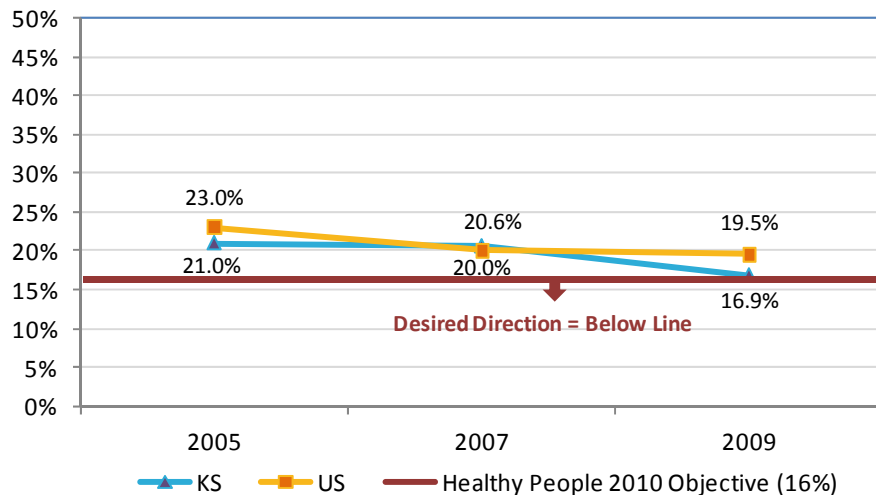


Date Source: Pediatric Nutrition Surveillance System, Kansas WIC database, 2008

Tobacco Use

Kansas was encouraged to see a decline in the youth smoking rate; it decreased from 20.6% in 2007 to 16.9% in 2009, which is approaching the Healthy People 2010 objective of 16.0%. High school smoking rates were higher among males versus females, white versus black and Hispanic teens, and older versus younger students (2005-2009 CDC YRBS).

Percent of Youth Who Smoked At Least One Cigarette on At Least One Day (During the 30 Days Before the Survey)



Data Source: CDC, High School Youth Risk Behavior Survey, 2005-2009

Additional selected tobacco use results from the Kansas 2009 High School Youth Risk Behavior Survey (YRBS) are as follows:

- 43.7% had “ever” tried cigarette smoking (even one or two puffs)
- 6.5% smoked cigarettes on 20 or more of the past 30 days before the survey
- 4.3% smoked cigarettes on school property at least one of the past 30 days
- 8.1% used chewing tobacco, snuff or dip on at least one of the past 30 days

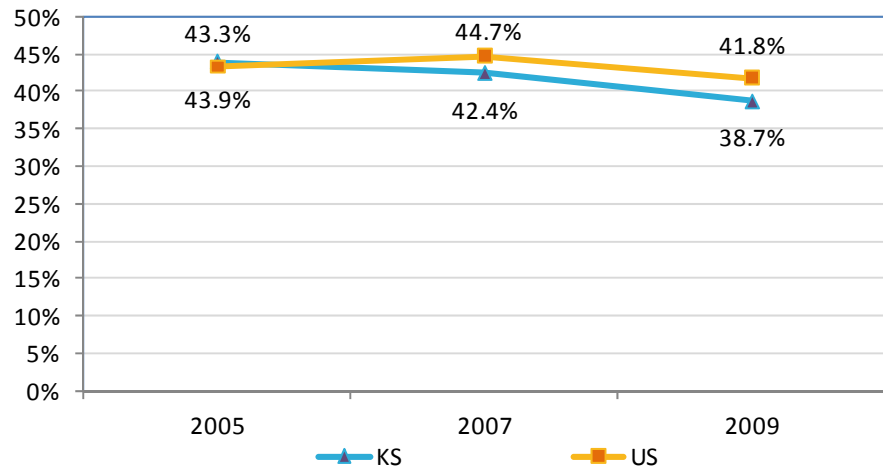
Alcohol Use

Recent data suggest positive movement related to youth alcohol use as well, though it is above desired benchmarks. In 2009, 38.7% of youth reported having at least one drink of alcohol on at least one of the past 30 days before the survey. This was down from 43.9% in 2005 and slightly below the national 2009 average of 41.8%. Older students were more likely

than younger students to have had a drink in the past 30 days (46.3% of Kansas 12th graders versus 29.2% of 9th graders). Among racial/ethnic groups with sufficient sample sizes, Hispanic (43.2%) and white (39.2%) students had higher reported percentages of alcohol use during the past 30 days than black students (28.8%).

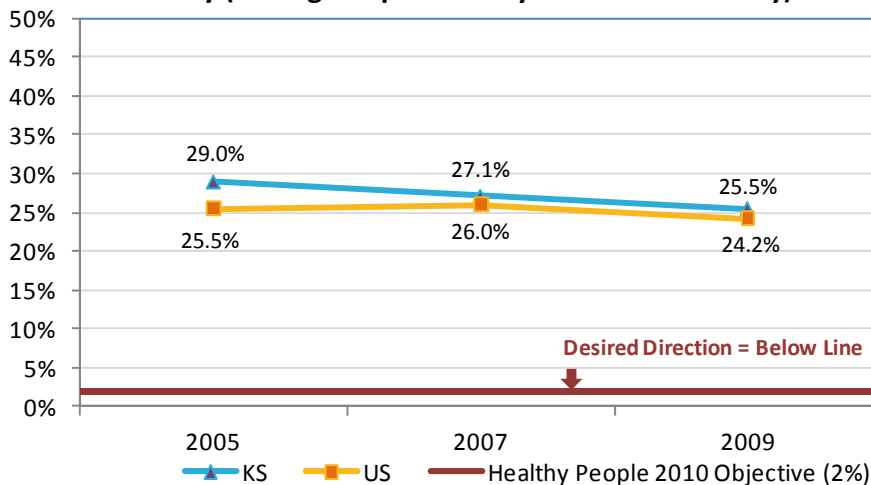
The Kansas binge drinking rate was slightly lower in 2009 than the previous two years, but it is well above the Healthy People 2010 goal of 2.0% for all adolescents age 12 to 17 years. (The goal for adults 18 years and older is 6.0%.) Binge drinking was more prevalent among males versus females (27.9% versus 23.0%) and older versus younger students (34.2% for 12th graders versus 15.4% for 9th graders).

Percent of Youth Who Had At Least One Drink of Alcohol on At Least One Day (during the past 30 days)



Data Source: CDC, High School Youth Risk Behavior Survey, 2005-2009

Percent of Youth Who Had Five or More Drinks of Alcohol In A Row Within a Couple Hours on At Least One Day (during the past 30 days before the survey)



Data Source: CDC, High School Youth Risk Behavior Survey, 2005-2009

Binge drinking is defined as consuming five or more drinks in a row at least once in the previous 30 days.

Other Drug Use

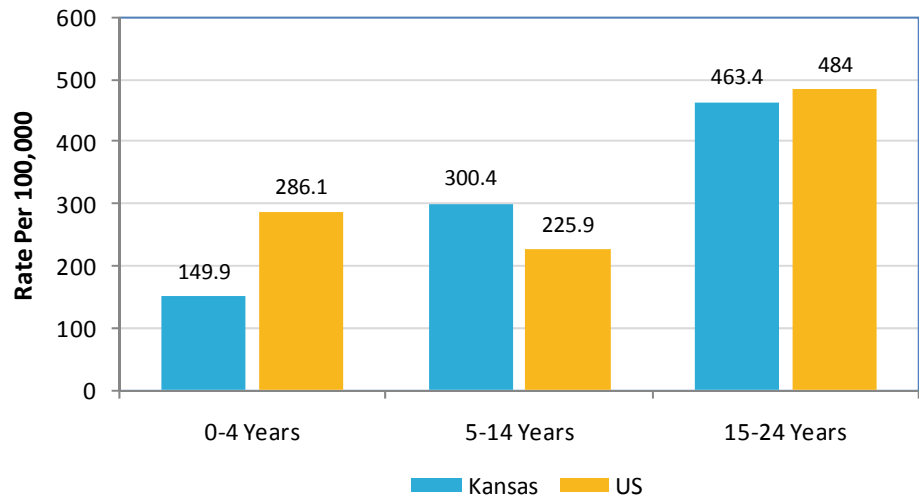
Selected indicators related to Kansas adolescent drug use from the 2009 High School Youth Risk Factor Survey are as follows:

- 30.1% ever used marijuana one or more times during their life
- 14.7% used marijuana one or more times during the past 30 days before the survey
- 6.4% ever used any form of cocaine one or more times during their life
- 10.0% ever sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high one or more times during their life
- 4.3% ever used methamphetamines one or more times during their life
- 15.1% were offered, sold, or given an illegal drug by someone on school property during the 12 months before the survey

Injuries and Deaths

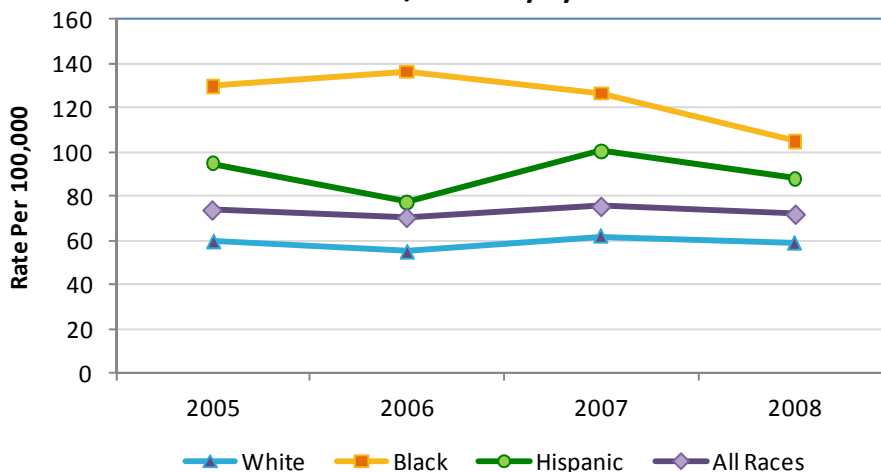
In 2005, Kansas had higher nonfatal injury hospitalization rates than the U.S. for late childhood/early adolescents. However, the injury rate for early childhood (according to hospitalization data) is below the national average.

Rate of All Nonfatal Hospitalizations for Nonfatal Injuries by Age Group, 2005



Data Source: CDC, Web-based Injury Statistics Query and Reporting System, 2005

Rate of Kansas Deaths of Children (Ages 0-14) by Race/Ethnicity by Year

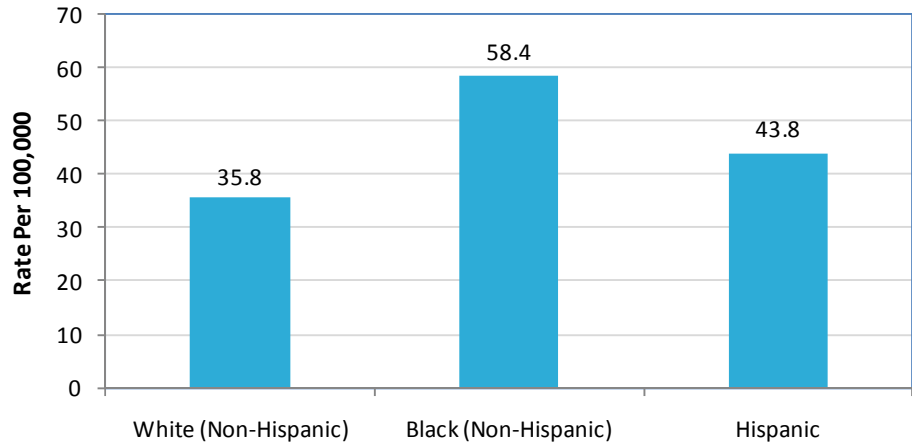


The Kansas death rate for children ages 0 to 14 has remained relatively steady for the last four years, though the black NH rate has decreased.

Data Source: KDHE, Kansas Information for Communities, 2005-2008

For children and adolescents age 1 to 21 years, the black and Hispanic death rates were 63% and 33% higher, respectively, than the white death rate.

Kansas Child Death Rate per 100,000 Children (Ages 1-21), 2005-2008 combined



Data Sources

Numerator: KDHE, Bureau for Public Health Informatics, 2005-2008
 Demonimator: US Census bridged population data, 2005-2008

Unintentional injuries is the leading cause of death for Kansas children and adolescents of all age groups. For adolescents and young adults age 15-24, intentional injuries – suicide and homicide – are the second and third leading causes of death, respectively (2008).

Age 1-4 Years: Leading Causes of Death, 2008

Cause	Number
Unintentional Injuries	22
Congenital Anomalies	9
Homicide	5
Cancer	4
Pneumonia and influenza	3
Other causes	21
Total	64

Age 5-14 Years: Leading Causes of Death, 2008

Cause	Number
Unintentional Injuries	20
Cancer	9
Heart Disease	3
Congenital Anomalies	3
Cerebrovascular Disease	2
Suicide	2
Other causes	12
Total	51

Age 15-24 Years: Leading Causes of Death, 2008

Cause	Number
Unintentional Injuries	152
Suicide	69
Homicide	36
Cancer	23
Heart Disease	12
Other causes	57
Total	349



Other

Highlights of other issues related to children and adolescents, particularly issues noted as concerns by the MCH 2015 Expert Panels, are listed in the table below.

Child Abuse and Neglect

- Due to a State definitional change in 2004, the Kansas child abuse and neglect rate for 2007 (3.3 victims per 1,000 children under 18) is much lower than the historical benchmark (10.2 in 2001) and the U.S. rate (10.6 in 2007).
- The newer definition effective July 2004 increased the standard evidence for a case finding to “clear and convincing”; definitions of physical abuse and mental abuse removed “likelihood of harm” narrowing the definition of physical and mental abuse; and a substantiated finding is now entered on the Kansas Child Abuse and Neglect Central Registry. Any one of these items could have reduced the number of substantiated victims.
- In State Fiscal Year (SFY) 2009, there were
 - 56,207 reports received (report is circumstances of allegations received about *one* child)
 - 18,332 reports assigned for investigation of maltreatment
 - 9,008 reports assigned for child in need of care/non abuse neglect (CINC/NAN) reasons
 - 1,373 substantiated victims
- By comparison, in SFY 2003 before the definitional change, there were
 - 40,966 reports received
 - 16,869 reports assigned for investigation of maltreatment
 - 7,579 reports assigned for CINC/NAN reasons
 - 7,085 substantiated victims
- The MCH 2015 Panelists had concerns about the definitional change, including that it resulted in undercounting the true abuse and neglect problem.

Motor Vehicle Crashes

- Unintentional injuries are the leading cause of death for all child and adolescent age groups.
- Motor vehicle crashes are the leading cause of unintentional injury death, but recent data is encouraging.
- Kansas death rates due to motor vehicle crashes have been decreasing. Rates are per 100,000:
 - Children aged 14 years and younger: **3.6** in 2008 versus **5.1** in 2002
 - Youth aged 15 to 24 years: **26.0** in 2008 versus **39.6** in 2002
- Kansas rate per 100,000 of nonfatal injuries due to motor vehicle crashes have also been decreasing:
 - Children aged 14 years and younger: **27.6** in 2007 versus **28.7** in 2002
 - Youth aged 15 to 24 years: **140.0** in 2007 versus **185.9** in 2002
- Kansas child/adolescent safety restraint usage based on motor vehicle crash data is increasing. Percent using restraints are
 - Children 0 to 3 years: **95.8%** in 2008 versus **71.7%** in 2002
 - Children 4 to 13 years: **93.2%** in 2008 versus **89.5%** in 2002

Teen Pregnancy and Risky Sexual Behaviors

- In 2008, there were 55.0 pregnancies per 1,000 females age 15 to 19 years, lower than the most recent national rate of 70.6 (2005). Teen pregnancy was discussed within the Pregnant Women and Infants workgroup, but was also an issue of concern to the Child and Adolescent Panelists.
- Compared to other racial/ethnic groups, Hispanic teens have the highest pregnancy rates: 69.8 for ages 15 to 17 and 121.1 for ages 15 to 19 (2008).
- Rate per 1,000 women age 15 to 19 with a reported case of Chlamydia: 28.5 in 2008 versus 22.4 in 2002.
- Selected sexual risk behaviors (High School Youth Risk Behavior Survey, Kansas, 2009):
 - Ever had sexual intercourse: 46.6%
 - Had sexual intercourse with four or more persons during entire life: 14.2%
 - Among students who were currently sexually active, drank alcohol or used drugs before last sexual intercourse: 19.9%

Mental/Behavioral Health Risk Factors and Suicide

- Rate of adolescents ages 15 to 19 hospitalized for self-harm per 10,000 population: 29.6 (Hospital discharge data, 2007)
- Selected risk factors from the High School Youth Risk Behavior Survey (2009). All questions are in reference to “during the 12 months before the survey”:
 - Felt sad or hopeless almost every day for two or more weeks in a row so they stopped doing some usual activities: 21.5%
 - Seriously considered attempting suicide: 12.6%
 - Made a plan about how they would attempt suicide: 9.5%
 - Attempted suicide one or more times: 6.1%
- Rate per 100,000 of suicide deaths among youths aged 15 to 19: 11.1 (2006-2008); this is higher than the national average of 7.3 (2006).

Children and Youth with Special Health Care Needs (CYSHCN)

Based on the Title V definition, CYSHCN are defined as follows: “those who have or are at increased 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.”

Highlights of selected CYSHCN data are included in this section. Worksheets summarizing many of the indicators reviewed are in Appendix C.

Prevalence

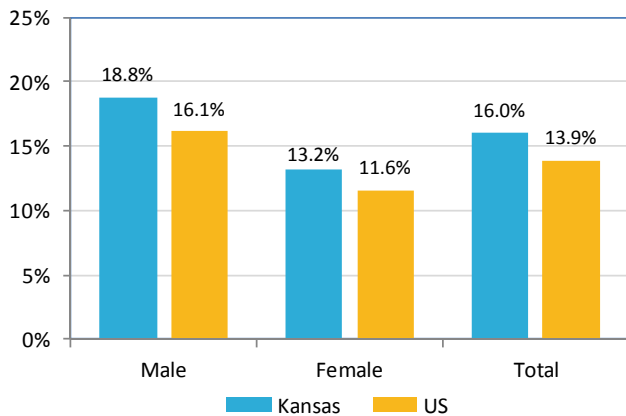
According to the 2005/2006 National Survey of Children with Special Health Care Needs, an estimated 16.0% of all Kansas children under 18 years have special health care needs. This represents approximately 112,000 Kansas children.

Children and Youth with Special Health Care Needs (CYSHCN) MCH 2015 Goal

Enhance the health of all Kansas children and youth with special health care needs in partnership with families and communities

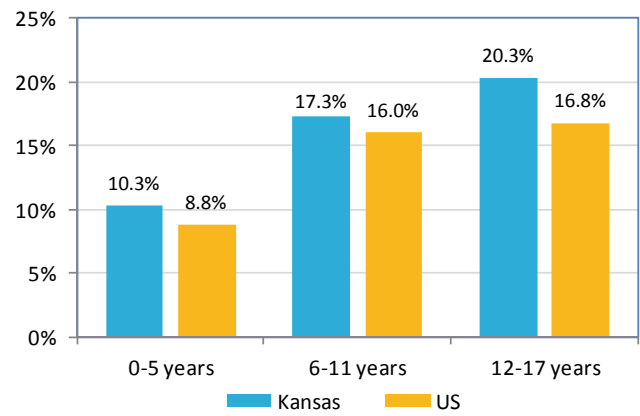
More boys than girls were identified as having special needs, and a higher proportion of older children compared to younger children were identified as CYSHCN: 20.3% of age 12-17 year-olds versus 10.3% of those age 5 and younger (2005/2006).

CYSHCN Prevalence by Gender, 2005-2006



Data Source: National Survey of Children with Special Health Care Needs, 2005-2006

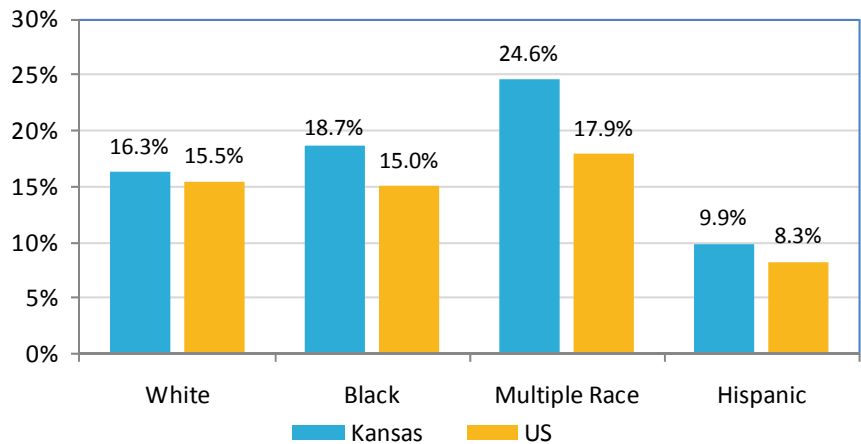
CYSHCN Prevalence by Age, 2005-2006



Data Source: National Survey of Children with Special Health Care Needs, 2005-2006

Among the racial/ethnic groups with sufficient sample numbers, "Multiple Race" children had the highest prevalence of special health care needs and Hispanic children had the lowest.

Prevalence of CYSHCN by Race and Ethnicity, 2005-2006



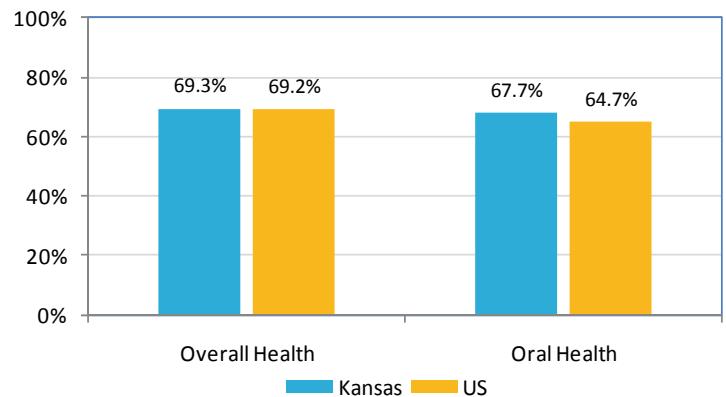
Data Source: National Survey of Children with Special Health Care Needs, 2005-2006

Child Health and Functional Status

Based on the 2007 National Survey of Child Health, 69.3% of Kansas CYSHCN's overall health was rated as good or excellent; this compared to 88.0% for non-CYSHCN.

Regarding oral health, the overall condition the child's teeth was rated as excellent or good for 67.7% of Kansas CYSHCN. This was slightly lower than the percentage for non-CYSHCN, 72.3%.

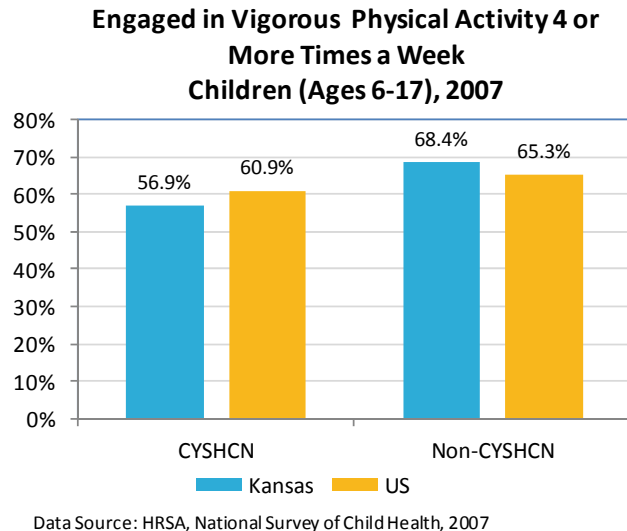
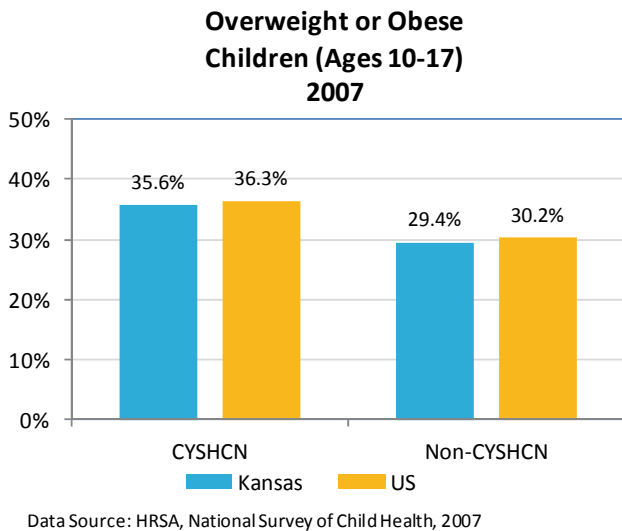
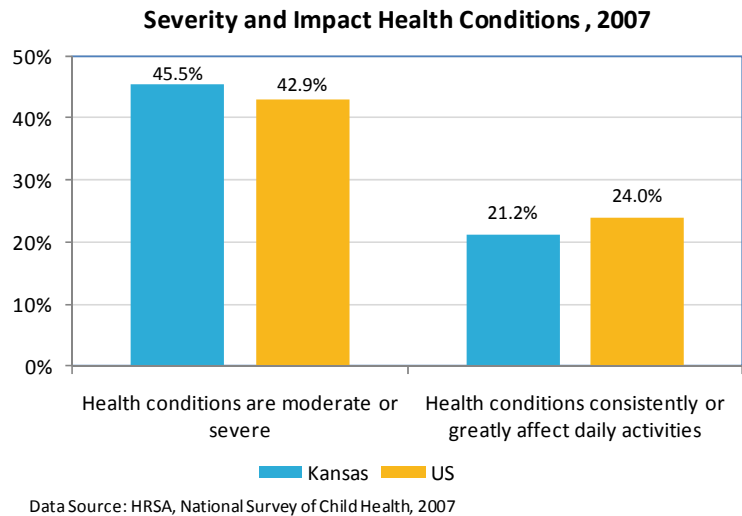
Percent CYSHCN with Health Rated as Good or Excellent, 2006-2007



Data Source: HRSA, National Survey of Child Health, 2007

Nearly one-in-two CYSHCN had moderate or severe health conditions, and for about one-in-five, their health conditions consistently or greatly affected daily activities.

Obesity, adequate physical activity, and good nutrition are growing areas of concern for all children, including CYSHCN. According to the 2007 National Survey of Child Health, 57% of Kansas CYSHCN were engaged in rigorous physical activity four or more times per week, which was lower than both their non-CYSHCN counterparts and the national average. More than one-in-three Kansas CYSHCN were overweight or obese, which is higher than that reported for non-CYSHCN.

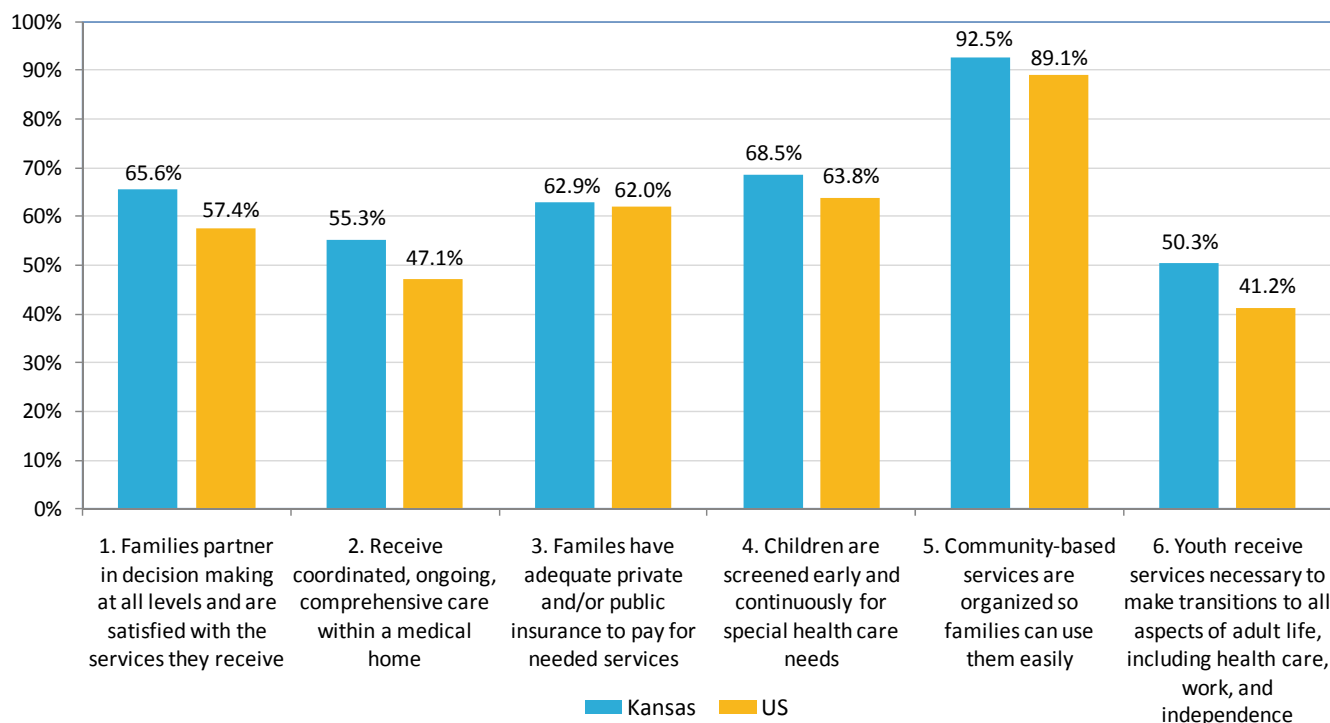


National Outcome Measures

Since 1989, the goal of the State Title V CYSHCN program has been to provide and promote family-centered, community-based, coordinated care for CYSHCN and to facilitate the development of community-based systems of services for such children and their families. Six national outcome measures have been identified to promote the community-based system of services mandated for CYSHCN and to help measure progress toward family-centered care.

According to the 2005/2006 National Survey of Children with Special Health Care Needs, Kansas performed better the national average for all six measures. See graph and discussion on the following pages.

Percent of CYSHCN Achieving National Outcome Measures, 2005-2006



Data Source: HRSA, National Survey of Children with Special Health Care Needs, 2005-2006

1. Family-Centered Care. Two-in-three Kansas families (65.6%) indicated that they partnered in decision-making at all levels and were satisfied with the services they receive. The family-centered care outcome measure was achieved for more of the younger versus older CYSHCN. Twice as many of those who received services within a medical home partnered in decision-making and were satisfied compared to those without a medical home.

Subgroup	Family-Centered Care % Achieving Outcome
Age 0 - 5 years	71.2%
Age 6 - 11 years	66.1%
Age 12 - 17 years	62.4%
Within a Medical Home	86.8%
Without a Medical Home	41.1%

2. Coordinated Care within Medical Home. Over half of Kansas CYSHCN (55.3%) received coordinated, comprehensive care within a medical home, compared to 47.1% nationwide. Performance on this outcome improved with increasing family incomes (reported as a ratio to the poverty level), and children had slightly higher proportions within a medical home than adolescents.

Subgroup	Medical Home % Achieving Outcome
Age 0 - 5 years	56.7%
Age 6 - 11 years	59.8%
Age 12 - 17 years	50.8%
< 100% Poverty	39.1%
100% - 199% of Poverty Level	47.2%
200% - 399% of Poverty Level	63.0%
400% of Poverty Level or greater	63.1%

3. Adequate Insurance. About sixty-three percent of Kansas families had adequate insurance to pay for needed services, which means nearly four-in-ten families with CYSHCN *lacked* adequate insurance coverage to pay for services. Three percent had **no** insurance.

Adequate insurance was measured by the survey tool as “currently insured CYSHCN who had no gaps in coverage during the past year AND insurance benefits that usually or always covered needed services, had reasonable out-of-pocket costs, and allowed the child to see needed providers.”

There was not much difference among age groups, although adolescent insurance adequacy was slightly lower. Fewer families with incomes 100% to 199% poverty reported having adequate insurance; nearly half in this group lacked the insurance they needed for services. Among those in the highest income group, 71% had adequate insurance.

Subgroup	Adequate Insurance % Achieving Outcome
Age 0 - 5 years	63.8%
Age 6 - 11 years	64.9%
Age 12 - 17 years	60.7%
< 100% Poverty	61.5%
100% - 199% of Poverty Level	53.4%
200% - 399% of Poverty Level	63.1%
400% of Poverty Level or greater	71.0%

4. Screening. Nearly seven-in-ten Kansas CYSHCN (68.5%) were screened early and continuously for special health care needs, compared to 63.8% nationwide. This indicator was measured as those receiving preventive medical and dental care during the past 12 months. School-aged and adolescent children were more likely to receive preventive screenings than younger children, and the proportions of CYSHCN achieving the screening outcome increased with increasing family incomes.

Subgroup	Screened Early and Continuously % Achieving Outcome
Age 0 - 5 years	52.9%
Age 6 - 11 years	72.4%
Age 12 - 17 years	73.1%
< 100% Poverty	55.0%
100% - 199% of Poverty Level	61.5%
200% - 399% of Poverty Level	71.0%
400% of Poverty Level or greater	79.9%

5. Community-Based Services. Kansas performed very well on this outcome: 92.5% reported that CYSHCN services were organized in ways that families can use them easily. This measurement is based on CYSHCN whose families reported no difficulties using any of the health-related services needed by their children during the past 12 months. The measure was similar across the age groups, slightly higher for young children. By specific type of special health need, this outcome was achieved

Subgroup	Community-Based Services % Achieving Outcome
Age 0 - 5 years	94.2%
Age 6 - 11 years	92.5%
Age 12 - 17 years	91.6%
Functional limitations	83.8%
Managed by prescription meds	98.8%
Above routine need/use of services	86.9%
Prescription meds AND service use	90.9%

among nearly all with a need managed by prescription medication versus 83.8% of those with functional limitations.

6. Transition Services. Among Kansas YSHCN 12 to 17 years, 50.3% received the services necessary to make appropriate transitions to adult health care, work and independence. Though higher than the national average of 41.2%, this means that half of Kansas youth do *not* receive the necessary transitions services. A greater percentage of those in higher-income families reported receiving services

Subgroup	Transition Services % Achieving Outcome
< 100% Poverty	30.1%
100% - 199% of Poverty Level	40.2%
200% - 399% of Poverty Level	58.1%
400% of Poverty Level or greater	58.0%
Within a Medical Home	67.4%
Without a Medical Home	34.6%

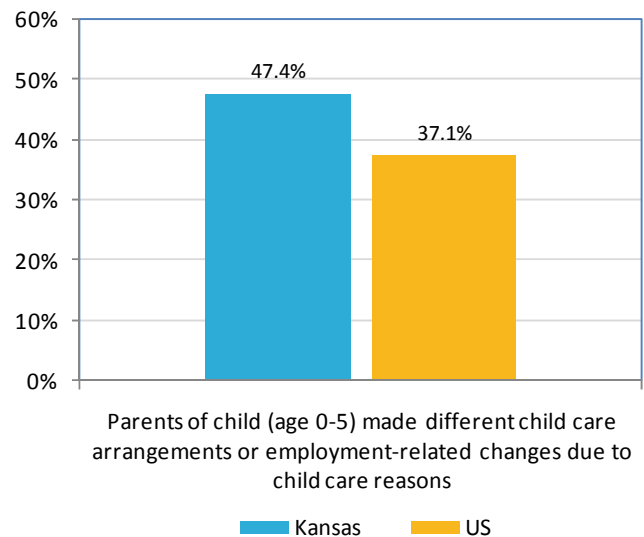
necessary for transition, compared to those in lower-income families. Those receiving services within a medical home were nearly twice as likely to report positively on this outcome compared to those without.

Family and Financial Impact

According to the 2007 National Survey of Child Health, nearly half of parents with CSHCN (age 0-5 years) made different child care arrangements in the past month or employment-related changes in the past year due to child care reasons; this was higher than the national average of 37.1%.

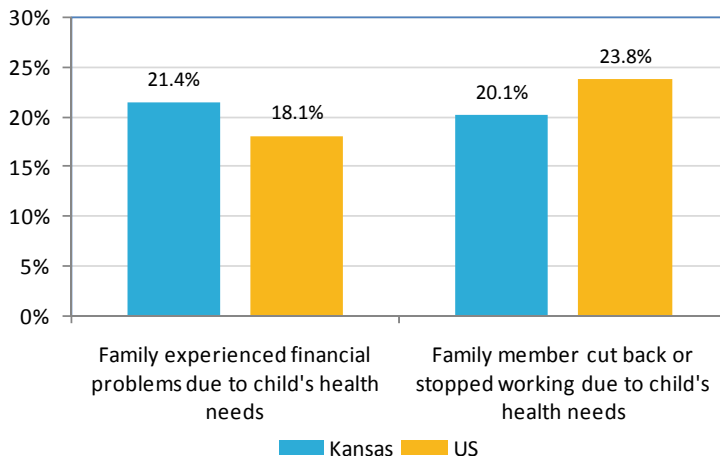
About one-in-five Kansas CYSHCN families experienced financial or employment problems due to their children’s health needs: 21.4% experienced financial problems and 20.1% had a family member cut back or stop working due to their child’s health needs.

Child Care and CSHCN, 2007



Data Source: HRSA, National Survey of Child Health, 2007

Financial Impact on Families with CYSHCN, 2007



Data Source: HRSA, National Survey of Children with Special Health Care Needs, 2005-2006



Other

Highlights of other selected issues related to children and youth with special health care needs are listed in the table below.

Disability
<ul style="list-style-type: none">• An estimated 1,878 Kansas children under 5 years have a vision and/or hearing difficulty (U.S. Census American Community Survey[ACS], 2008)• An estimated 22,171 Kansas children, 5.8% of those age 5 to 17 years, are living with one or more of the following difficulties: vision, hearing, cognitive, ambulatory, or self-care. (ACS, 2008)
CYSHCN with Concurrent, Chronic Health Conditions
<ul style="list-style-type: none">• Kansas CYSHCN (age 0 to 17 years) who have<ul style="list-style-type: none">○ Allergies (any type): 61.3%○ Food Allergies: 12.4%○ Asthma: 41.2%○ Attention Deficit Disorders: 30.3%○ Depression, anxiety, eating disorder or other emotional problem: 21.0% <p><i>Source: 2005/2006 National Survey of Children with Special Health Care Needs</i></p>
Education
<ul style="list-style-type: none">• Percent of Kansas CYSHCN ages 6 to 17 who repeated at least one grade since kindergarten: 7.1%• Percent of Kansas CYSHCN ages 6 to 17 who were engaged in school (measured by child caring about doing well in school and doing all required homework): 38.8%



Part III. Priorities

Background: MCH 2010 Priorities

For the last five years, from 2006 to 2010, Kansas has focused on three priorities for each MCH population group, which were set during the MCH 2010 planning process.

Pregnant Women and Infants
Increase early and comprehensive health care before, during, and after pregnancy.
Reduce premature births and low birth weight.
Increase breastfeeding.
Children and Adolescents
Improve behavioral/mental health.
Reduce overweight.
Reduce injury and death.
Children and Youth with Special Health Care Needs
Increase care within a medical home.
Improve transitional service systems for CSHCN.
Decrease financial impact on CSHCN and their families.

Although the MCH 2015 Expert Panels were reminded of the MCH 2010 priorities and informed of accomplishments related to the priorities, they were not used as a starting point for 2015. Rather, this five-year needs assessment took a fresh look at needs and strengths data and considered all possible priorities.



MCH 2015 Priority-Setting Process

Part II discusses the needs assessment process in detail, but this section gives a brief review of those parts related to priority-setting. (See figure on following page.)

1. First, a comprehensive set of need and strengths indicators were presented to the Expert Panels, and they were given an opportunity to request additional data.
2. Based on the data, stakeholders selected those indicators most helpful in determining Kansas' priority needs for each population group.
3. Next stakeholders listed potential priorities, particularly priorities suggested by the data.

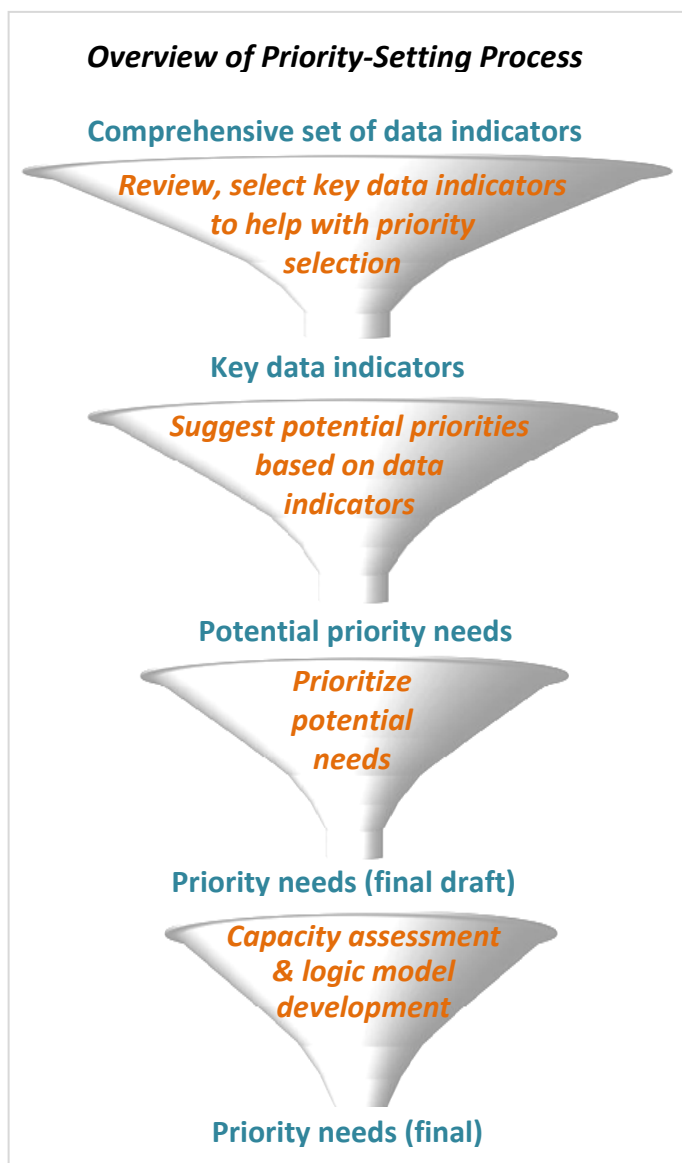
4. From the list of potential priorities, each group of stakeholders was charged to select the top three priorities for their MCH population group. (In the end, four priorities were selected for the Pregnant Women and Infants group.)
5. Through capacity assessment and logic model development, MCH program staff further narrowed and refined priorities (if needed) to those most likely to be impacted over the next five years given expected capacity and available resources.
6. The final set of priorities was posted online and distributed for feedback.

Potential Priorities

The MCH 2015 Expert Panels was not given a predetermined list of potential priorities. Rather, the stakeholders suggested potential priorities themselves based on the data. Although not comprehensive, the following is a list of potential priority issues by population group considered during stakeholder data review and discussions.

Pregnant Women and Infants Potential Priority Issues

- Infant mortality
- NICU admissions and diagnosis, transportation
- Hospital practices
- Maternal health at conception, preconception health, preconception care
- Access to care, medical home, source of payment
- Medicaid/low income; educational level
- Disparities
- Adequacy of prenatal care, source of care
- Birth spacing



- Preterm births
- Low birth weight
- Congenital anomalies
- Breastfeeding
- Smoking
- Substance abuse, drug use, chemical issues
- Mental health
- Violence issues
- Other risk behaviors
- Influence of men's attitudes
- Educational needs of clients and healthcare professionals



Children and Adolescents Potential Priority Issues

- Medical home, access to care
- Mental health
- Oral health
- Obesity
- Risky behaviors: alcohol, tobacco, other drugs, sexual behaviors
- Physical activity, nutrition, obesity
- Injuries
- Abuse and neglect
- Disability and illness
- Child deaths

Children and Youth with Special Health Care Needs Potential Priority Issues

- ADHD, emotions, concentration, and behavioral issues
- Moderate/severe concurrent conditions
- Developmental delays, disability
- Health status
- Family life
- School and community life, including education, learning disabilities, and CYSHCN having social relationships with other children
- Child abuse
- Health insurance coverage, inadequate coverage
- Access to care
- Unmet needs
- Medical home
- Family-centered care
- Family impact, including financial and employment
- Transition

Draft Priorities Submitted by Stakeholders

After prioritizing potential priorities, the draft priorities submitted by the MCH 2015 Expert Panels at the end of the second meeting are listed below.

Pregnant Women & Infants	Children & Adolescents	CYSHCN
<ol style="list-style-type: none"> 1. Ensure early/comprehensive care before, during and after pregnancy. 2. Improve mental health and behavioral health intervention and recovery for pregnant women and mothers. 3. Reduce preterm, LBW births, and infant mortality. 4. Increase initiation, duration, and exclusivity of breastfeeding. 	<ol style="list-style-type: none"> 1. Improve access to comprehensive quality health services, including medical, dental, and mental health. 2. Decrease risky behaviors among children and youth ages 1-21 years. 3. Decrease injury, illness, disability, and death for children and youth ages 1-21 years. 	<ol style="list-style-type: none"> 1. Increase care within medical home. 2. Increase and improve comprehensive support systems that assist CYSHCN throughout their lifespan to achieve maximum potential. 3. Decrease financial impact on families.

Modifications Due to Capacity Assessment and Logic Model Development

During the development of the MCH 2015 Action Plan, Kansas' available resources and capacity to implement each of the draft priority needs was reviewed in depth. Based on this review, the child and adolescent draft priorities were narrowed to improve Kansas' opportunity for impacting the needs.

Pregnant Women and Infants.

The same four priority need topics submitted by the stakeholders were kept on the final list. Only the wording was refined slightly. In particular, the final wording for the second priority focused a little more on preterm births.

Children and Adolescents (C&A). The three priorities submitted by the stakeholders were excellent priorities but very broad, encompassing nearly every important child and adolescent health issue. Based on expected resources and assessed capacity, the list was narrowed, while remaining as true as possible to outside stakeholder intentions. The first priority was kept, though the wording was changed to focus on medical homes. The definition of medical home includes comprehensive, quality health services.

The focus of the risky behaviors priority was narrowed to alcohol, tobacco, and other drugs (ATOD). Obesity, physical activity, and nutrition issues were a high priority to stakeholders and were included within both their risky behavior and injury/illness/disability/death priorities. In the final list, "healthy weight" was made into a separate priority.



The third draft C&A priority, decreasing injury/illness/disability/death, was not adopted, though the final three C&A priority needs capture several aspects of this issue, as addressed by the stakeholders. Furthermore, other partners in the State are taking the lead on issues such as injury, disability, and death. For example, Safe Kids Kansas Inc., is a coalition of over 70 statewide and regional organizations dedicated to preventing unintentional injuries to Kansas children. As another example, the Child Death Review Board examines trends and patterns that identify risk factors in the deaths of children. Kansas' Title V program has, and will continue, to serve as a supporting partner for these and other initiatives to address childhood injury, illness, disability, and mortality.

Children and Youth with Special Health Care Needs (CYSHCN).

The same three priority need topics submitted by stakeholders were kept on the final list. Some of the wording was edited somewhat.

Comparison of MCH 2010 and MCH 2015 Priorities

Despite the fact that stakeholders started with a “clean slate” when selecting priorities, the final MCH 2015 priority list was very similar to the one from the last five-year needs assessment.

MCH 2010 Priorities	MCH 2015 Priorities
Pregnant Women and Infants	
Increase early and comprehensive health care before, during, and after pregnancy	All women receive early and comprehensive health care before, during and after pregnancy
Reduce premature births and low birth weight	Reduce preterm births (including low birth weight and infant mortality)
Increase breastfeeding	Increase initiation, duration and exclusivity of breastfeeding
	Improve mental health and behavioral health of pregnant women and new mothers
Children and Adolescents	
Improve behavioral/mental health	
	Reduce child and adolescent risk behaviors relating to alcohol, tobacco and other drugs
Reduce overweight	All children and youth achieve and maintain healthy weight
Reduce injury and death	
	All children and youth receive health care through medical homes
Children and Youth with Special Health Care Needs	
Increase care within a medical home	All CYSHCN receive coordinated, comprehensive care within a medical home
Improve transitional service systems for CSHCN	Improve the capacity of YSHCN to achieve maximum potential in all aspects of adult life, including appropriate health care, meaningful work, and self-determined independence
Decrease financial impact on CSHCN and their families	Financing for CYSHCN services minimizes financial hardship for their families



Summary of Why MCH 2015 Priorities Were Selected

The final MCH 2015 priorities and why they were selected are described below.

MCH 2015 Priorities	Why Chosen
Pregnant Women and Infants	
All women receive early and comprehensive health care before, during and after pregnancy	<ul style="list-style-type: none"> ▪ Kansas prenatal care percentages have declined since 2005 ▪ Rates are below Healthy People 2010 objectives ▪ Within the influence of the MCH system, and improving prenatal care can improve outcomes for mothers and infants ▪ Potential exists to redirect resources to health education and promotion activities at State and local levels and to partner with stakeholders such as private providers, Medicaid, March of Dimes, and others
Improve mental health and behavioral health of pregnant women and new mothers	<ul style="list-style-type: none"> ▪ Kansas women have higher than average rates of cigarette smoking and other stress-related behaviors before, during, and after pregnancy ▪ Relates to a number of issues identified by stakeholders, including substance abuse, postpartum depression, violence issues, and social factors ▪ Currently, there are both need and opportunity to focus on the life course perspective, which dovetails with this priority and related issues
Reduce preterm births (including low birth weight and infant mortality)	<ul style="list-style-type: none"> ▪ Kansas statistics are below Healthy People 2010 objectives ▪ Significant racial/ethnic disparities ▪ Kansas infant mortality is above national average ▪ Increasing momentum in the State on these issues; there are multiple opportunities to address through community-based initiatives and stakeholder mobilization
Increase initiation, duration and exclusivity of breastfeeding	<ul style="list-style-type: none"> ▪ Kansas breastfeeding rate at hospital discharge is relatively high, but rates decrease substantially for infants at 6 months and one year ▪ WIC breastfeeding rates are even lower than statewide averages ▪ Within current capacity of the MCH program to address through low cost interventions with high yield in health benefits ▪ Currently, growing support for this issue among diverse partners, including hospitals, consumers, and businesses
Children and Adolescents	
All children and youth receive health care through medical homes	<ul style="list-style-type: none"> ▪ Evidence suggests that uninsured and underinsurance is increasing for Kansas children ▪ Four-in-ten Kansas children do not receive care within medical home ▪ Children within medical home have better overall health and oral health ▪ Potential to impact other issues such as immunizations, parent education, childhood obesity, mental and behavioral problems through medical home
Reduce child and adolescent risk behaviors relating to alcohol, tobacco and other drugs	<ul style="list-style-type: none"> ▪ Kansas YRBS data shows unacceptably high rates of risky behaviors ▪ These behaviors contribute to other health risks and poor health outcomes, such as risky sexual behaviors, STDs, unintended pregnancy, motor vehicle crashes, mental/behavioral health issues, suicide, etc. ▪ Kansas has capacity to address through comprehensive adolescent health planning with other partners and stakeholders

<p>All children and youth achieve and maintain healthy weight</p>	<ul style="list-style-type: none"> ▪ Increasing and unacceptably high rates of overweight and obesity among all age, income, race/ethnicity, and other breakouts for Kansas children and adolescents ▪ Strong association between overweight and poor health status ▪ Many current efforts in Kansas related to improving physical activity and nutrition of school-age children and adults ▪ MCH partners in these efforts, and is taking the lead on breastfeeding and early childhood/early intervention related to overweight, physical activity, and nutrition
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Children and Youth with Special Health Care Needs

<p>All CYSHCN receive coordinated, comprehensive care within a medical home</p>	<ul style="list-style-type: none"> ▪ One of lowest performing national outcome measures for Kansas; nearly one-in-two CYSHCN do not receive care within a medical home ▪ Care within medical home associated with better overall health and family-centered care ▪ Potential for improvement; Kansas capacity in this area is expanding
<p>Improve the capacity of YSHCN to achieve maximum potential in all aspects of adult life, including appropriate health care, meaningful work, and self-determined independence</p>	<ul style="list-style-type: none"> ▪ Lowest performing national outcome measure for Kansas; one-in-two do not receive necessary transition services ▪ Based on data and personal experience, stakeholders encouraged addressing <i>all</i> transitions throughout the life course for CYSHCN, beginning in early childhood, to reach maximum potential in adult life ▪ There is increasing Kansas capacity to address through increased staff focus and new/enhanced partnerships
<p>Financing for CYSHCN services minimizes financial hardship for their families</p>	<ul style="list-style-type: none"> ▪ One of Kansas' lowest performing national outcome measures ▪ Quantitative and qualitative evidence of impact on Kansas families related to finances, employment, and child care ▪ Increasing challenges due to decreasing state/federal dollars, economic impact on families, and increasing costs ▪ Necessary for Kansas in partnership with families, providers, and other stakeholders



Part IV. Action Plan

This section provides an overview of Kansas' MCH 2015 Action Plan to address the ten selected priority needs. Additional detail can be found in Appendix H.

Pregnant Women and Infant Priorities

Strategies

Priority #1: All women receive early and comprehensive health care before, during and after pregnancy

- 1.1. Educate women and the public about reproductive health decisions that lead to a healthy pregnancy.
- 1.2. Utilize community partners to disseminate information about all phases of healthy pregnancies.
- 1.3. Assure evidence-based home visiting services for high risk pregnant women.

Priority #2: Improve mental health and behavioral health of pregnant women and new mothers

- 2.1. Inform and educate public and families about mental health and behavioral health issues surrounding pregnancy.
- 2.2. Assess/monitor mental and behavioral health status of Kansas women.
- 2.3. Educate public health/private provider work force about behavioral and mental health issues during pregnancy.

Priority #3: Reduce preterm births (including low birth weight and infant mortality)

- 3.1. Inform and educate the public about contributing factors leading to preterm birth.
- 3.2. Assure public health workforce capacity to address prematurity.
- 3.3. Support local projects that address health disparities among pregnant women including evaluation.

Priority #4: Increase initiation, duration, and exclusivity of breastfeeding

- 4.1. Educate Kansans on the benefits of breastfeeding infants exclusively for the first six months.
- 4.2. Collaborate with hospitals and employers to adapt policies to support initiation and continuation of breastfeeding infants.
- 4.3. Provide education and training of health care providers and public health workforce in comprehensive lactation support services.

Partners

Key partners and stakeholders identified to help implement these strategies include local health departments, providers, Kansas AAP and other health care professional groups, March of Dimes, hospitals, and employers.



Children and Adolescent Priorities

Strategies

Priority #1: All children and youth receive health care through medical homes

- 1.1. Educate families on the importance of preventive healthcare with a primary provider in a medical home.
- 1.2. Enlist the assistance of community partners to increase Medicaid/HealthWave enrollment for eligible children.
- 1.3. Assure that local MCH agencies utilize referral resources for medical, mental health and dental health.



Priority #2: Reduce child and adolescent risk behaviors relating to alcohol, tobacco and other drugs

- 2.1. Develop a statewide strategic plan for adolescent health that incorporates ATOD reduction.

Priority #3: All children and youth achieve and maintain healthy weight

- 3.1. Provider education on AAP healthy weight guidelines.
- 3.2. Conduct a social marketing campaign about healthy weight for young Kansas children.

Partners

Key partners and stakeholders identified to help implement these strategies include MCH local agencies, health care providers (including dental and mental health), school nurses, day care providers, faith-based and community organizations, Kansas AAP, Kansas Medicaid/Healthwave, and parents.

Children and Youth with Special Health Care Needs Priorities

Strategies

Priority #1: All CYSHCN receive coordinated, comprehensive care within a medical home

Strategy 1.1: Inform, educate, and involve families and providers about medical home components and initiatives to promote effective and successful systems change.

Strategy 1.2: Mobilize community partnerships (between policy makers, health care providers, families, and the public) by coordinating services for eligible CYSHCN and linking children and families to providers and community services/resources.

Priority Objective #2: Improve the capacity of YSHCN to achieve maximum potential in all aspects of adult life, including appropriate health care, meaningful work, and self-determined independence

Strategy 2.1: Enhance community partnerships by identifying community resources, integrating service delivery systems, and streamlining the transition process for children and youth.

Strategy 2.2: Inform and educate children, youth, and families about available transition services and where/how to access these services.

Priority #3: Financing for CYSHCN services minimizes financial hardship for their families

Strategy 3.1: Link families to providers who are contracted with or referred by the CYSHCN program and accept negotiated reimbursement rates.

Strategy 3.2: Ensure CYSHCN Clinic/Field staff assist families in applying for and maximizing benefit of funding sources and family supports.

Strategy 3.3: Support expansion of primary and specialty care services to minimize travel time and missed work/school days.



Partners

Key partners and stakeholders identified to help implement these strategies include families, providers, specialty clinics, existing advisory councils, new Youth Advisory Council, Make a Difference Information Network (MADIN), and other professional and stakeholder organizations.

State Performance Measures

The following performance measures were selected to help monitor progress on priorities from 2011 through 2015.

Priority	State Performance Measure (Data Source)
Pregnant Women and Infants	
All women receive early and comprehensive health care before, during and after pregnancy	Percent of women in their reproductive years with adequate information and supports to make sound decisions about their health care (text4baby)
Improve mental health and behavioral health of pregnant women and new mothers	Percent of women who report cigarette smoking during pregnancy (birth certificate)
Reduce preterm births (including low birth weight and infant mortality)	Percent of live births that are born preterm <37 weeks gestation (birth certificate)
Increase initiation, duration and exclusivity of breastfeeding	Percent of infants exclusively breastfed at least 6 months (National Immunization Survey)

Priority

State Performance Measure (Data Source)

Children and Adolescents	
All children and youth receive health care through medical homes	Percent of children who receive care in a medical home as defined by the AAP (National Survey of Child Health)
Reduce child and adolescent risk behaviors relating to alcohol, tobacco and other drugs	Percent of students who had at least one drink of alcohol on at least 1 day during the 30 days before the survey (Youth Risk Behavior Survey)
All children and youth achieve and maintain healthy weight	Percent of [WIC] children who are overweight (PedNSS)
Children and Youth with Special Health Care Needs	
All CYSHCN receive coordinated, comprehensive care within a medical home	Percent of CYSHCN who receive care in a medical home as defined by the American Academy of Pediatrics (AAP) (National Survey of Child Health)
Improve the capacity of YSHCN to achieve maximum potential in all aspects of adult life, including appropriate health care, meaningful work, and self-determined independence	YSHCN whose doctors usually or always encourage development of age appropriate self management skills (National Survey of Children with Special Health Care Needs)
Financing for CYSHCN services minimizes financial hardship for their families	Percent of CSHCN families that experience financial problems due to the child's health needs (National Survey of Children with Special Health Care Needs)

Outcomes

The national Title V outcome measures track various breakouts of infant and child death. Achieving the selected MCH 2015 priorities will positively impact all of these maternal and child health outcome measures. Though long-term, that is the full expectation of Kansas’ continuous cycle of improvement for maternal and child health. We invite you to join us in enhancing the health of Kansas’ women and children across the lifespan.

“I feel I had a real voice in identification, and I see how our work contributes to the outcome. We will certainly affect the outcome through our work.”

- Stakeholder comment

Glossary and Acronyms

AAP:	American Academy of Pediatrics
ABCD+:	Assure Better Child Development Plus; group formed to improved mental health screening, referral and resources
ADHD:	Attention Deficit Hyperactivity Disorder
APNCU:	Adequate Prenatal Care Utilization Index
ASTHO:	Association of State and Territorial Health Officials
ATOD:	Alcohol, Tobacco, or Other Drugs
BFH:	Bureau of Family Health
BMI:	Body Mass Index
Business Case for Breastfeeding:	Educational program for employers about the value of supporting breastfeeding employees in the workplace.
BRFSS:	Behavior Risk Factor Surveillance System
C&A:	Children and Adolescents
CDC:	Center for Disease Control and Prevention
CDC-DASH:	Center for Disease Control and Prevention - Division of Adolescent and School Health
CINC/NAN:	Child in Need of Care/ Non Abuse Neglect
CSHCN:	Children with Special Health Care Needs
CYSHCN:	Children and Youth with Special Health Care Needs
dyad:	Two individuals or units regarded as a pair. Example: the mother-daughter dyad
EC:	Early Childhood; generally the period from birth through age 5
Healthy Families:	Services funded in part by the Kansas Medicaid program of intensive case management for high-risk pregnant women.
HSI:	Health Status Indicator
IMR:	Infant Mortality Rate
KALHD:	Kansas Associate of Local Health Departments
KDHE:	Kansas Department of Health and Environment
KHI:	Kansas Health Institute
KHPA:	Kansas Health Policy Authority
KS-TRAIN:	Training Finder Real-time Affiliate Integrated Network; a learning resource for professionals to protect public health and safety.

LBW:	Low Birth Weight
Loving Support:	A breastfeeding promotional campaign
MCH:	Maternal and Child Health
MCH 2010:	Kansas needs assessment and health planning process improving Kansas' care of women and children covering the period 2006-2010
MCH 2015:	Kansas needs assessment and health planning process improving Kansas' care of women and children covering the period 2011-2015
MOA:	Memorandum of Agreement
MOD:	March of Dimes
NH:	Non-Hispanic
NICU:	Neonatal Intensive Care Unit
NPM:	National Performance Measure
NSCH:	National Survey of Child Health
PedNSS:	Pediatric and Pregnancy Nutrition Surveillance System
PRAMS:	Pregnancy Risk Assessment Monitoring System
PW&I:	Pregnant Women and Infants
RFP:	Request for Proposal
SPM:	State Performance Measure
text4baby:	Mobile information service designed to promote maternal and child health
VLBW:	Very Low Birth Weight
W&I:	Pregnant Women and Infants
WIC:	Women, Infants, and Children
YRBS:	Youth Risk Behavior Survey
YRBSS:	Youth Risk Behavior Surveillance System
YSHCN:	Youth with Special Health Care Needs

Appendices

- A. Pregnant Women and Infants Data Indicator Tables
- B. Children and Adolescents Data Indicator Tables
- C. Children and Youth with Special Health Care Needs (CYSHCN) Data Indicator Tables
- D. Meeting #1 Agenda and Tools
- E. Meeting #2 Agenda and Tools
- F. MCH Program Staff Meeting
- G. Evaluation Results
- H. MCH 2015 Action Plan

Appendix A

Pregnant Women and Infants Data Indicator Tables

- A. 1. Pregnant Women Indicator List
- A. 2. Infant Indicator List
- A. 3. Supplemental Pregnant Women Data
- A.4. Supplemental Infant Data



Pregnant Women Indicator List

Kansas

United States

Notes Related to Current Data**

Historical*		Current**	
Number	Statistic	Number	Statistic

Historical*	Current**
-------------	-----------

HP2010 Goal***

Data Source		County-level?	Comments
KS	U.S.		

Code Health Indicator

Demographic Data

Preg1	Percent of population that are females		50.5% (2002)	1,410,313 (2008)	50.3% (2008)				1		Yes	
Preg2	Percent of population that are females (15-44)		21.1% (2002)	553,481 (2008)	19.8% (2008)				1		Yes	
Preg3	Live birth rate per 1,000 population (live births/total population)		14.5 (2002)		14.9 (2008)	13.9 (2002)	14.3 (preliminary, 2007)		2	3	Yes	Residence data

Teenagers

Preg4	The rate of live birth (per 1,000) for teenagers (females) aged 15 through 17 years.	1,261 (2002)	21.2 (2002)	1,261 (2008)	22.0 (2008)	23.2 (2002)	22.2 (preliminary, 2007)		2	3	Yes	Residence data
Preg5	Pregnancy rate per 1,000 adolescents (females) ages 15-17	1,684 (2002)	28.3 (2002)	1,552 (2008)	27.1 (2008)		40.2 (2005)		2	4	Yes	Residence data, teenage pregnancies include the sum of live births, stillbirths and abortions
Preg6	Pregnancy rate per 1,000 adolescents (females) ages 15-19	5,500 (2002)	60.7 (1999) 54.7 (2002)	5,305 (2008)	55.0 (2008)	86.7 (1999)	70.6 (2005)		2	4	Yes	Residence data, teenage pregnancies include the sum of live births, stillbirths and abortions

Socioeconomic Indicators

Preg7	Percent of live births to women with less than 12 years of education.	7,306 (2002)	18.6% (2002)	7,701 (2008)	18.5% (2008)	21.5% (2002)	26.4% (2006)		5	3	Yes	Residence data, % where education level stated
Preg8	Percent of all women who are unmarried and had a live birth in the last 12 months.	13,492 (2005)	34.0% (2005)	15,754 (2008)	37.7% (2008)	36.9 (2005)	38.5% (2006)		5	3	Yes	Residence data
Preg9	Medicaid deliveries per 100 live births	10,739 (2005)	27.1 (2005)	10,689 (2008)	25.6 (2008)				5	3	Yes	Residence data
Preg10	Percent of female householder, no husband present with related children under 5 years below poverty in the past 12 months		49.8% (2004)		52.3% (2008)	53.4% (2004)	52.8% (2008)		6	6	Only 7 big counties	JO, LV, JO, SN, SG, RL

Health Status/Health Risk Indicators

Preg11	Prevalence of unintended pregnancy resulting in a live birth		27.8% (1998)		36.6% (2003-2004)			30% (9-1)	7		No	Question: Thinking back to your last pregnancy, just before you got pregnant, how did you feel about becoming pregnant? (among women who have been pregnant in the last 5 years and are currently not pregnant, excluding refusals, other, and don't know.)
Preg12	Prevalence of drinking alcohol in the 3 months before conception		17.7% (2001) 18.9% (2003 FFY)		20.0% (2007)	10.5% (2000)	7.4% (2005)		8	8	Yes	Among WIC participants



Pregnant Women Indicator List

Kansas

United States

Notes Related to Current Data**

*Historical** *Current***
 Number Statistic Number Statistic

*Historical** *Current***

HP2010
Goal***

Data Source
KS U.S.

County-level?

Comments

Code Health Indicator

Preg13	Prevalence of drinking alcohol during the last 3 months of pregnancy		0.6% (2001) 0.3% (2003, FFY)		0.5% (2007)	0.8% (2000)	0.4% (2006)		8	8	Yes	Among WIC participants
Preg14	Percent of live births where the mother reported smoking during pregnancy	6,475 (2005)	16.3% (2005)	6,718 (2008)	16.1% (2008)	11.4% (2002)	13.2% (2006)	1% (16-17c)	5	3	Yes	Residence data
Preg15	Percent linguistically isolated (households).				2.3% (2008)		4.8% (2008)		6	6	No	In population 5 years and over
Preg16	Percent language spoken at home other than English (population 5 years and over).	184,530 (2002)	7.6% (2002)	256,772 (2008)	9.9% (2008)		19.7% (2008)		6	6	No	
Preg17	Percent of pregnancies resulting in a live birth with short interbirth spacing less than 18 mo.	2,633 (2002)	6.7% (2002)	3,179 (2008)	7.6% (2008)						Yes	Residence data
Preg18	Rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.	2,256 (2002)	22.4 (2002)	2,748 (2008)	28.5 (2008)		30.0 (2007)		9	10	Yes	
Preg19	Rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.	3,271 (2002)	6.9 (2002)	4,507 (2008)	9.9 (2008)		9.6 (2007)		9	10	Yes	
Preg20	Percent of prepregnancy overweight and obesity.		43.6% (2003)	45.3% (2007)		43.0% (2003)	44.5% (2007)		8	8	Yes	Among WIC participants
Preg21	Percent of women experience violence during pregnancy						20%			11	No	No state level data available

Health Status/Health Risk Indicators

Preg22	Diabetes, during pregnancy	1,378 (2005)	3.5% (2005)	1,569 (2008)	3.8% (2008)		4.2% (2006)		12	13	Yes	Residence data
Preg23	Percent weight gain of less than 16 lbs.	3,814 (2005)	9.6% (2005)	4,269 (2008)	10.2% (2008)		13.1% (2006)		12	13	Yes	Residence data
Preg24	Percent of cesarean delivery	11,225 (2005)	28.9% (2005)	12,570 (2008)	30.0% (2008)		31.1% (2006)		12	13	Yes	Residence data

Selected risk factors during pregnancy, obstetric procedures, characteristics of labor and delivery

Preg25	Percent of diabetes (prepregnancy)	255 (2005)	0.6% (2005)	342 (2008)	0.8% (2008)		4.2% (2006)		12	13	Yes	Residence data
Preg26	Percent of hypertention, pregnancy-associated	1,457 (2005)	3.7% (2005)	1,705 (2008)	4.1% (2008)		3.9% (2006)		12	13	Yes	Residence data
Preg27	Percent of hypertention, prepregnancy (chronic)	381 (2005)	1.0% (2005)	439 (2008)	1.0% (2008)		1.1% (2006)		12	13	Yes	Residence data
Preg28	Percent of induction of labor	10,469 (2005)	26.4% (2005)	11,891 (2008)	28.4% (2008)		22.5% (2006)		12	13	Yes	Residence data
Preg29	Percent of tocolysis	488 (2005)	1.2% (2005)	363 (2008)	0.9% (2008)		1.7% (2006)		12	13	Yes	Residence data
Preg30	Percent of meconium, moderate/heavy	1,299 (2005)	3.3% (2005)	1,284 (2008)	3.1% (2008)		4.5% (2006)		12	13	Yes	Residence data
Preg31	Percent of Breech	1,368 (2005)	3.4% (2005)	1,400 (2008)	3.3% (2008)		5.4% (2006)		12	13	Yes	Residence data
Preg32	Percent of precipitous labor (<3 hours)	1,669 (2005)	4.2% (2005)	1,678 (2008)	4.0% (2008)		2.1% (2006)		12	13	Yes	Residence data



Pregnant Women Indicator List

Kansas

United States

Notes Related to Current Data**

*Historical** *Current***
 Number Statistic Number Statistic

*Historical** *Current***

HP2010
Goal***

Data Source **County-level?** **Comments**
 KS U.S.

Code Health Indicator

Health System Indicators - Prenatal

Preg33	Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.	27,687 (2005)	76.0% (2005)	29,089 (2008)	73.1% (2008)		69.0% (2006)	90% (16-6a)	2	3	Yes	Residence data
Preg34	Increase the proportion of pregnant women who receive early and adequate prenatal care (APNCU).	28,322 (2005)	79.1% (2005)	30,627 (2008)	77.6% (2008)		68.6% (2006)	90% (16-6b)	2	15	Yes	Residence data, percent of live births

Health System Indicators - Postpartum

Preg35	Percentage of mothers who breast-fed their infants at 6 months of age.				43.4% (children born in 2005)		43.1% (children born in 2005)	50% (16-19b)	14	14	No	
Preg36	Percentage of mothers who breast-fed their infants at hospital discharge.		72.2% (2002)		79.4% (children born in 2005)	70.1% (2002)	74.2% (children born in 2005)	75% (16-19a)	14	14	No	

Mortality

Preg37	Maternal mortality rate (No. of deaths due to pregnancy or within 42 days of termination of pregnancy from any cause related to or aggravated by the pregnancy but not accidental or incidental cause/No. of live births)	3 (2002)		7 (2008)	10.8 per 100,000 live births (2004-2008)		13.3 per 100,000 live births (2006)	3.3 per 100,000 live births	5	3	Yes/No	ICD-10 coding (A34, O00-O95, O98-O99)
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Additional Detail Data on Resident Live Births

Demographics		2005		2008										
Preg38	Age-group of mother											12		
	<15	47	0.1%	40	0.1%									
	15-19	4,015	10.1%	4,399	10.5%									
	20-24	11,373	28.6%	11,552	27.6%									
	25-29	11,595	29.2%	12,768	30.5%									
	30-34	8,206	20.7%	8,682	20.8%									
	35-39	3,661	9.2%	3,629	8.7%									
	40-44	751	1.9%	686	1.6%									
	45-49	40	0.1%	52	0.1%									
	50+	0	0.0%	3	0.0%									
	N.S.	13	0.0%	4	0.0%									



Pregnant Women Indicator List

Kansas

United States

Notes Related to Current** Data

Historical* Current**

HP2010 Goal***

Data Source County-level? Comments

Number Statistic Number Statistic

Code Health Indicator

Code	Health Indicator	Number	Statistic	Number	Statistic	Historical*	Current**	HP2010 Goal***	Data Source	County-level?	Comments
									KS	U.S.	
Preg39	Age-group of father								12		
	<15	6	0.0%	4	0.0%						
	15-19	1,316	3.3%	1,544	3.7%						
	20-24	7,014	17.7%	7,290	17.4%						
	25-29	10,277	25.9%	11,071	26.5%						
	30-34	8,856	22.3%	9,351	22.4%						
	35-39	4,925	12.4%	5,045	12.1%						
	40-44	1,973	5.0%	1,840	4.4%						
	45-49	554	1.4%	576	1.4%						
	50+	204	0.5%	240	0.6%						
	N.S.	4,576	11.5%	4854	11.6%						
Preg40	Race of mother								12		
	White	32,414	81.6%	34,025	81.4%						
	Black	2,713	6.8%	2,996	7.2%						
	Native American	356	0.9%	290	0.7%						
	Asian	1,068	2.7%	1,167	2.8%						
	Native Hawaiian Pacific Islander	46	0.1%	62	0.1%						
	Other	2,454	6.2%	2,547	6.1%						
	Multi Race	541	1.4%	665	1.6%						
	N.S.	109	0.3%	63	0.2%						
Preg41	Race of father								12		
	White	28,545	71.9%	29,567	70.7%						
	Black	2,550	6.4%	2,913	7.0%						
	Native American	263	0.7%	249	0.6%						
	Asian	936	2.4%	993	2.4%						
	Native Hawaiian Pacific Islander	51	0.1%	78	0.2%						
	Other	2,525	6.4%	2,562	6.1%						
	Multi Race	456	1.1%	547	1.3%						
	N.S.	4,375	11.0%	4906	11.7%						
Preg42	Hispanic origin of mother								12		
	Hispanic	6,073	15.3%	6,781	16.2%						
	Non-Hispanic	32,943	83.0%	34,959	83.6%						
	N.S.	685	1.7%	75	0.2%						
Preg43	Hispanic origin of father								12		
	Hispanic	5,780	14.6%	6,289	15.0%						
	Non-Hispanic	29,034	73.1%	30,538	73.0%						
	N.S.	4,887	12.3%	4,988	11.9%						



Pregnant Women Indicator List

Kansas

United States

Notes Related to Current** Data

Historical* Current**

HP2010 Goal***

Data Source County-level? Comments

Number Statistic Number Statistic

KS U.S.

Code Health Indicator

Code	Health Indicator	Number	Statistic	Number	Statistic	Historical*	Current**	HP2010 Goal***	Data Source	County-level?	Comments
									KS	U.S.	
Preg44	Education of mother								12		
Preg7	8th grade or less	1,663	4.2%	1,649	3.9%						
Preg7	9-12, no diploma	5,777	14.6%	6,052	14.5%						
	H.S. or GED	9,726	24.5%	10,194	24.4%						
	Some college, no degree	8,662	21.8%	9,111	21.8%						
	Associated degree	2,581	6.5%	2,979	7.1%						
	Bachelor's degree	7,565	19.1%	8,310	19.9%						
	Master's degree	2,421	6.1%	2,781	6.7%						
	Doctorate	541	1.4%	585	1.4%						
	N.S.	765	1.9%	154	0.4%						
Preg45	Education of father								12		
	8th grade or less	1,700	4.3%	1,769	4.2%						
	9-12, no diploma	4,314	10.9%	4,434	10.6%						
	H.S. or GED	9,716	24.5%	10,380	24.8%						
	Some college, no degree	7,172	18.1%	7,556	18.1%						
	Associated degree	2,075	5.2%	2,370	5.7%						
	Bachelor's degree	6,605	16.6%	7,081	16.9%						
	Master's degree	2,040	5.1%	2,248	5.4%						
	Doctorate	911	2.3%	890	2.1%						
	N.S.	5,168	13.0%	5,087	12.2%						
Preg46	Mother married								12		
	Yes	26,175	65.9%	26,019	62.2%						
Preg8	No	13,492	34.0%	15,754	37.7%						
	N.S.	34	0.1%	42	0.1%						
Preg47	Principle source of payment for this delivery								12		
Preg9	Medicaid	10,739	27.0%	10,689	25.6%						
	Private Insurance	20,179	50.8%	21,329	51.0%						
	Self-Pay	2,354	5.9%	3,473	8.3%						
	Indian Health Service	31	0.1%	53	0.1%						
	Champus/Tricare	1,380	3.5%	1,705	4.1%						
	Other Government	1,634	4.1%	2,252	5.4%						
	Other	795	2.0%	578	1.4%						
	N.S.	2,589	6.5%	1,736	4.2%						

Prenatal History

2005

2008

Code	Health Indicator	Number	Statistic	Number	Statistic	Historical*	Current**	HP2010 Goal***	Data Source	County-level?	Comments
									KS	U.S.	
Preg48	Mother of pregnancy prenatal care began								12		
	None	397	1.0%	430	1.0%						
Preg33	First Trimester	27,687	69.7%	29,089	69.6%						
	Second Trimester	7,061	17.8%	8,580	20.5%						
	Third Trimester	1,285	3.2%	1,677	4.0%						
	N.S.	3,271	8.2%	2,039	4.9%						



Pregnant Women Indicator List

Kansas

United States

Notes Related to Current** Data

Historical* Current**
Number Statistic Number Statistic

Historical* Current**

HP2010 Goal***

Data Source County-level? Comments
KS U.S.

Code Health Indicator

Code	Health Indicator	Number	Statistic	Number	Statistic	Historical*	Current**	HP2010 Goal***	KS	U.S.	County-level?	Comments
Preg49	Prenatal visits								12			
	None	391	1.0%	429	1.0%							
	1-5	1,449	3.6%	1,880	4.5%							
	6-10	12,315	31.0%	14,312	34.2%							
	11-15	21,674	54.6%	22,585	54.0%							
	16+	2,622	6.6%	2,019	4.8%							
	N. S.	1,250	3.1%	590	1.4%							
Preg50	Serological test made (Test required by K.S.A. 65-153f 153G)								12			
	First Trimester	28,919	72.8%	31,437	75.2%							
	Second Trimester	4,666	11.8%	4,723	11.3%							
	Third Trimester	927	2.3%	907	2.2%							
	At Delivery	3,251	8.2%	2,860	6.8%							
	Not performed	372	0.9%	364	0.9%							
	N. S.	1,566	3.9%	1,524	3.6%							
Preg51	Total pregnancy weight gain in lbs								12			
Preg23	Under 4	292	0.7%	300	0.7%							
Preg23	4-9	1,052	2.6%	1,203	2.9%							
Preg23	10-15	2,470	6.2%	2,766	6.6%							
	16-21	4,072	10.3%	4,617	11.0%							
	22-27	5,824	14.7%	6,294	15.1%							
	28-33	6,772	17.1%	7,420	17.7%							
	34-39	5,628	14.2%	6,055	14.5%							
	40+	10,570	26.6%	11,239	26.9%							
	N. S.	3,021	7.6%	1,921	4.6%							
Preg52	Last pregnancy live birth interval								12			
Preg17	Less than one year	437	1.1%	476	1.1%							
Preg17	12-17 Months	2,433	6.1%	2,674	6.4%							
	18-23 Months	3,348	8.4%	3,687	8.8%							
	24-35 Months	6,000	15.1%	6,278	15.0%							
	36 Months and more	11,530	29.0%	11,695	28.0%							
	No previous live births	14,651	36.9%	15,788	37.8%							
	N. S.	1,302	3.3%	1,217	2.9%							
Preg53	Last other pregnancy interval								12			
	Less than one year	901	2.3%	1,042	2.5%							
	12-17 Months	1,465	3.7%	1,602	3.8%							
	18-23 Months	674	1.7%	743	1.8%							
	24-35 Months	984	2.5%	1,023	2.4%							
	36 Months and more	3,044	7.7%	2,984	7.1%							
	No previous live births	29,923	75.4%	31,846	76.2%							
	N. S.	2,710	6.8%	2,575	6.2%							



Pregnant Women Indicator List

Kansas

United States

Notes Related to Current Data**

*Historical** *Current***

HP2010
Goal***

Data Source

County-
level?

Comments

Number Statistic Number Statistic

KS U.S.

Code Health Indicator

Code	Health Indicator	Number	Statistic	Number	Statistic	Historical*	Current**	HP2010 Goal***	KS	U.S.	County-level?	Comments
Preg54	Interval between last pregnancy								12			
	Less than one year	1,308	3.3%	1,491	3.6%							
	12-17 Months	3,804	9.6%	4,177	10.0%							
	18-23 Months	3,817	9.6%	4,199	10.0%							
	24-35 Months	6,026	15.2%	6,261	15.0%							
	36 Months and more	10,520	26.5%	10,618	25.4%							
	No previous live births	13,374	33.7%	14,301	34.2%							
	N.S.	852	2.1%	768	1.8%							

Cigarette Smoking

2005

2008

Code	Health Indicator	Number	Statistic	Number	Statistic	Historical*	Current**	HP2010 Goal***	KS	U.S.	County-level?	Comments
Preg55/ Preg14	Did mother smoke 3 months before or during pregnancy?								12			
	Yes	7,743	19.5%	7,904	18.9%							
	No	31,414	79.1%	33,730	80.7%							
	N.S.	544	1.4%	181	0.4%							
Preg56	Average number of cigarettes smoked								12			
	Three months before	13.31		12.94								
	First three months	11.21		10.86								
	Second three months	10.33		9.87								
	Last three months	9.98		9.44								

Other Pregnancy Indicators and Risk Factors

2005

2008

Code	Health Indicator	Number	Statistic	Number	Statistic	Historical*	Current**	HP2010 Goal***	KS	U.S.	County-level?	Comments
Preg57	Mother transferred in for delivery, due to maternal, medical, or fetal indications?								12			
	Yes	339	0.9%	314	0.8%							
	No	39,140	98.6%	41,411	99.0%							
	N.S.	222	0.6%	90	0.2%							
Preg58	Did mother get WIC food for herself?								12			
	Yes	12,749	32.1%	15,338	36.7%							
	No	24,228	61.0%	25,046	59.9%							
	N.S.	2,724	6.9%	1,431	3.4%							
	Medical risk factors (The numbers will not add to the total live births due to multi-coding.)								12			
Preg25	Diabetes, prepregnancy	255	0.6%	342	0.8%							
Preg22	Diabetes, gestational	1,378	3.5%	1,569	3.8%							
Preg59	Hypertension				0.0%							
Preg27	Prepregnancy (chronic)	381	1.0%	439	1.0%							
Preg26	Gestational (PIH, preeclampsia)	1,403	3.5%	1,590	3.8%							
Preg26	Eclampsia	54	0.1%	115	0.3%							
Preg60	Previous preterm birth	1,121	2.8%	1,217	2.9%							
Preg61	Other previous poor outcome (SGA, perinatal death, etc.)	606	1.5%	680	1.6%							
Preg62	Vaginal bleeding during this pregnancy prior to labor	549	1.4%	528	1.3%							
Preg63	Pregnancy resulted from infertility treatment	457	1.2%	443	1.1%							



Pregnant Women Indicator List

Kansas

United States

Notes Related to Current** Data

Historical* Current**

HP2010 Goal***

Data Source County-level? Comments

Number Statistic Number Statistic

KS U.S. Comments

Code	Health Indicator	Number	Statistic	Number	Statistic	Historical*	Current**	HP2010 Goal***	KS	U.S.	County-level?	Comments
Preg64	Mother had a previous cesarean delivery	4,468	11.3%	5,212	12.5%							
Preg65	Alcohol use	144	0.4%	92	0.2%							
	None of the above	29,646	74.7%	31,467	75.3%							
	N.S.	901	2.3%	2	0.0%							
	Pregnancy resulted from infertility treatment								12			
Preg66	Fertility enhancing drugs, Artificial insemination or Intrauterine insemination	273	59.7%	236	53.3%							
Preg67	Assisted reproductive technology (e.g. in vitro fertilization (IVF), gamete intrafallopian transfer (GIFT))	169	37.0%	191	43.1%							
	N.S.	22	4.8%	17	3.8%							
	Infections present and/or treated, during this pregnancy (The numbers will not add to the total live births due to multi-coding.)								12			
Preg68	Gonorrhea	154	0.39%	118	0.28%							
Preg69	Syphilis	10	0.03%	5	0.01%							
Preg70	Herpes simplex	611	1.54%	607	1.45%							
Preg71	Chlamydia	604	1.52%	644	1.54%							
Preg72	Hepatitis B	83	0.21%	52	0.12%							
Preg73	Hepatitis C	45	0.11%	56	0.13%							
Preg74	Listeria	NA		NA								
Preg75	Group B Streptococcus	NA		NA								
Preg76	Cytomeglovirus	NA		NA								
Preg77	Parvo virus	NA		NA								
Preg78	Toxoplasmosis	NA		NA								
Preg79	AIDS OR HIV antibody	23	0.06%	12	0.03%							
	None of the above	36,829	92.77%	40,423	96.67%							
	N.S.	1,499	3.78%	56	0.13%							
	Obstetrical procedure (The numbers will not add to the total live births due to multi-coding.)								12			
Preg80	Cervical cerclage	134	0.3%	108	0.3%							
Preg29	Tocolysis	488	1.2%	363	0.9%							
Preg81	External cephalic success	43	0.1%	33	0.1%							
Preg82	External cephalic failed	52	0.1%	31	0.1%							
	None of the above	38,999	98.2%	41,288	98.7%							

Labor Delivery

2005

2008

Code	Method of Delivery	Number	Statistic	Number	Statistic	Historical*	Current**	HP2010 Goal***	KS	U.S.	County-level?	Comments
Preg83	Forceps attempted?								12			
	Yes	1,044	2.6%	903	2.2%							
	No	37,115	93.5%	40,542	97.0%							
	N.S.	1,542	3.9%	370	0.9%							



Pregnant Women Indicator List

Kansas

United States

Notes Related to Current** Data

Historical* Current**

HP2010 Goal***

Data Source County-level? Comments

Number Statistic Number Statistic

KS U.S. Comments

Code Health Indicator

Code	Health Indicator	Number	Statistic	Number	Statistic	Historical*	Current**	HP2010 Goal***	Data Source	County-level?	Comments
									KS	U.S.	
Preg84	Forceps successful								12		
	Yes	929	89.0%	828	91.7%						
	No	115	11.0%	75	8.3%						
	N.S.	0	0.0%	0	0.0%						
Preg85	Vacuum extraction attempted?								12		
	Yes	2,051	5.2%	1,967	4.7%						
	No	36,117	91.0%	39,480	94.4%						
	N.S.	1,533	3.9%	368	0.9%						
Preg86	Vacuum extraction successful								12		
	Yes	1,806	88.1%	1,765	89.7%						
	No	242	11.8%	201	10.2%						
	N.S.	3	0.1%	1	0.1%						
	Fetal presentation at delivery								12		
Preg87	Cephalic	36,239	91.3%	38,616	92.3%						
Preg31	Breech	1,368	3.4%	1,400	3.3%						
Preg88	Other	638	1.6%	1,519	3.6%						
	N.S.	1,456	3.7%	280	0.7%						
Preg89	Final route and method of delivery								12		
	Vaginal/spontaneous	25,477	64.2%	27,146	64.9%						
	Vaginal/forceps	792	2.0%	712	1.7%						
	Vaginal/vacuum	1,358	3.4%	1,379	3.3%						
Preg24	Cesarean	11,225	28.3%	12,570	30.1%						
	N.S.	849	2.1%	8	0.0%						
Preg90	If cesarean, was a trial of labor attempted?								12		
	Yes	3,874	34.5%	4,125	32.8%						
	No	7,240	64.5%	8,319	66.2%						
	N.S.	111	1.0%	126	1.0%						
	Onset of labor (The numbers will not add to the total live births due to multi-coding.)								12		
Preg91	Premature rupture of membranes (labor >=12 hours)	1,044	2.6%	893	2.1%						
Preg32	Precipitous labor (<3 hours)	1,669	4.2%	1,678	4.0%						
Preg92	Prolonged labor (>=20 hours)	690	1.7%	563	1.3%						
	None of the above	34,973	88.1%	38,743	92.7%						
	N.S.	1,393	3.5%	6	0.0%						



Pregnant Women Indicator List

Kansas

United States

Notes Related to Current** Data

Historical* Current**

Historical* Current**

HP2010 Goal***

Data Source County-level? Comments

Code Health Indicator

Code	Health Indicator	Kansas		United States		HP2010 Goal***	Notes Related to Current** Data		
		Historical*	Current**	Historical*	Current**		Data Source	County-level?	Comments
		Number	Statistic	Number	Statistic		KS	U.S.	
	Characteristics of labor and delivery (The numbers will not add to the total live births due to multi-coding.)						12		
Preg28	Induction of labor	10,469	26.4%	11,891	28.4%				
Preg93	Augmentation of labor	7,921	20.0%	9,075	21.7%				
Preg94	Non-vertex presentation	439	1.1%	362	0.9%				
Preg95	Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery	375	0.9%	308	0.7%				
Preg96	Antibodies received by mother during labor	4,742	11.9%	5,370	12.8%				
Preg97	Clinical chorioamnionitis or Maternal temperature >= 38 C (100.4 F)	342	0.9%	315	0.8%				
Preg30	Moderate/heavy meconium staining of the amniotic fluid	1,299	3.3%	1,284	3.1%				
Preg98	Fetal intolerance of labor (e.g., in-utero resuscitative measures, further fetal assessment, or operative delivery)	1,423	3.6%	1,765	4.2%				
Preg99	Epidural or spinal anesthesia during labor	25,179	63.4%	28,770	68.8%				
	None of the above	7,337	18.5%	7,915	18.9%				
	N.S.	1,139	2.9%	2	0.0%				
	Maternal morbidity (The numbers will not add to the total live births due to multi-coding. These are complication associated with labor and delivery.)						12		
Preg100	Maternal transfusion	109	0.3%	130	0.3%				
Preg101	Third or fourth degree perineal laceration	594	1.5%	452	1.1%				
Preg102	Ruptured uterus	17	0.0%	19	0.0%				
Preg103	Unplanned hysterectomy	14	0.0%	25	0.1%				
Preg104	Admission to intensive care unit	47	0.1%	50	0.1%				
Preg105	Unplanned operating room procedure following delivery	87	0.2%	81	0.2%				
	None of the above	37,430	94.3%	41,133	98.4%				
	N.S.	1,464	3.7%	4	0.0%				



Pregnant Women Indicator List

Kansas

United States

Notes Related to Current** Data

Historical*

Current**

HP2010
Goal***

Data Source

County-
level?

Number

Statistic

Number

Statistic

Historical*

Current**

KS

U.S.

County-
level?

Comments

Code Health Indicator

Footnotes and Abbreviations

* Historical: Reported for MCH2010 process; see data cells, column headers, or source notes at bottom for data year, where applicable.

** Current: Latest available data for MCH2015; see data cells, column headers, or source notes at bottom for data year.

*** HP2010 Goal: Healthy People 2010 goal; corresponding objective number in parentheses.

Data Sources

1. Kansas Information for Communities, U.S. Census population estimates
2. Bureau of Public Health Informatics (BPHI), Kansas Department of Health and Environment (KDHE), Annual Summary of Vital Statistics: 2008
3. National Center for Health Statistics (NCHS), National Vital Statistics Reports, vol 57 no 12
4. National Center for Health Statistics (NCHS), National Vital Statistics Reports, vol 56 no 15
5. Bureau of Public Health Informatics (BPHI), KDHE, Adhoc reports
6. US Census, American Community Survey
7. 2003-2004 Women's Health Survey
8. Pregnancy Nutrition Surveillance (PNSS)
9. Sexually Transmitted Disease (STD) Section, Kansas Department of Health and Environment
10. Centers for Disease Control and Prevention (CDC) STD surveillance 2007
11. Domestic violence and pregnancy fact sheet: www.ncadv.org
12. Bureau of Public Health Informatics (BPHI), KDHE, Perinatal Casualty Report
13. National Center for Health Statistics (NCHS), National Vital Statistics Reports, vol 57 no 7
14. CDC's Breastfeeding National Immunization Survey
15. VitalStats, National Center for Health Statistics



Infant Indicator List

Kansas

United States

Notes Related to Current** Data

Historical*

Current**

Historical*

Current**

HP2010
Goal***

Data Source

County-
level?

Comments

Code Health Indicator

Number

Statistic

Number

Statistic

KS

U.S.

County-
level?

Comments

Demographics

Code	Health Indicator	Number	Statistic	Number	Statistic	Historical*	Current**	HP2010 Goal***	Data Source	County-level?	Comments	
									KS	U.S.		
Inf1	Kansas live residence births (based on mother's race/ethnicity)	39,338 (2002)		41,815 (2008)						1	Yes	Residence data
	White non-Hispanic	29,811	75.9%	29,863	71.5%							
	Black or African American non-Hispanic	2,845	7.2%	2,936	7.0%							
	Native American non-Hispanic	427	1.1%	265	0.6%							
	Asian/Pacific Islander non-Hispanic	1,154	2.9%	1,192	2.9%							
	Other non-Hispanic (includes selection of two or more races or other non-specified race)	27	0.1%	746	1.8%							
	Hispanic any race	5,006	12.7%	6,781	16.2%							
	Ethnicity unknown	68		32								

Mortality Indicators

Code	Health Indicator	Number	Statistic	Number	Statistic	Historical*	Current**	HP2010 Goal***	Data Source	County-level?	Comments	
									KS	U.S.		
Inf2	Infant mortality rate per 1,000 live births		7.2 (2002)	303 (2008)	7.25 (2008)	7 (2002)	6.77 (preliminary, 2007)	4.5 (16-1c)	1	3	Yes	Residence data
Inf3	Fetal deaths at 24 or more weeks of gestation per 1,000 live births and fetal deaths			144 (2008)	3.4 (2008)				2		Yes	Residence data
Inf4	The perinatal mortality rate per 1,000 live births and fetal deaths	234 (2002)	5.9 (2002)	278 (2008)	6.6 (2008)		6.64 (2005)	4.5 (16-1b)	2		Yes	Residence data
Inf5	Neonatal Deaths (<28 days) per 1,000 live births	192 (2002)	4.9 (2002)	193 (2008)	4.6 (2008)	4.7 (2002)	4.45 (2006)	2.9 (16-1d)	1	3	Yes	Residence data
Inf6	Postneonatal mortality (28 days-<1 year) per 1,000 live births	90 (2002)	2.8 (2001) 2.3 (2002)	110 (2008)	2.6 (2008)	2.3 (2001)	2.24 (2006)	1.2 (16-1e)	2	3	Yes	Residence data
Inf7	Postneonatal mortality of term infants weighing < 2500 g at birth			7 (2008)					2		Yes	Residence data
Inf8	All infant deaths from all birth defects per 1,000 live births	63 (2002)	1.6 (2002)	77 (2008)	1.84 (2008)	1.4 (2002)	1.36 (2006)	1.1 (16-1f)	1	3	Yes	Residence data
Inf9	Infant death rate from sudden infant death syndrome per 1,000 live births.	46 (2002)	1.2 (2002)	52 (2008)	1.24 (2008)	0.51 (2002)	0.54 (2006)	0.25 (16-1h)	1	3	Yes	Residence data
Inf10	The ratio of the black non-Hispanic infant mortality rate to the white non-Hispanic infant mortality rate.		2.5 (2002)		2.1 (2008)	2.5 (2002)	black to white 2.4 (2006)		1	3	Yes	Residence data

Health Status

Code	Health Indicator	Number	Statistic	Number	Statistic	Historical*	Current**	HP2010 Goal***	Data Source	County-level?	Comments	
									KS	U.S.		
Inf11	The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.	24 (2002)	100% (2002)	72 (2008)	100% (2008)				4		Yes	Occurrence data; Newborn screening expansion in July 2008



Infant Indicator List

Code Health Indicator		Kansas				United States		HP2010 Goal***	Notes Related to Current** Data			
		Historical*		Current**		Historical*	Current**		Data Source		County-level?	Comments
		Number	Statistic	Number	Statistic				KS	U.S.		

Inf12	Percentage of newborns who have been screened for hearing before hospital discharge.		90.4% (2003)		97.4% (2008)				4		Yes	Occurrence data
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Health Risk Indicators

Inf13	Rate per 1,000 live births with congenital anomalies	767 (2002)	19.5 (2002)	793 (2008)	19.0 (2008)				2		Yes	Residence data
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Low Birth Weight Infants

Inf14	Percent of live births weighing less than 2500 grams (5.5 lb).	2,758 (2002)	7.0% (2002)	3014 (2008)	7.2% (2008)	6.1% (2002)	8.20%	5.0% (16-10a)	2	5	Yes	Residence data
Inf15	Percent of live singleton births weighing less than 2500 grams (5.5 lb).	2,018 (2002)	5.3% (2002)	2,302 (2008)	5.7% (2008)				2		Yes	Residence data
Inf16	Percent of live births weighing less than 1500 grams.	515 (2002)	1.3% (2002)	574 (2008)	1.4% (2008)	1.1% (2002)	1.5% (2007, preliminary)	0.9% (16-10b)	2	5	Yes	Residence data
Inf17	Percent of live singleton births weighing less than 1500 grams.	358 (2002)	0.9% (2002)	420 (2008)	1.0% (2008)				2		Yes	Residence data

Period of Gestation

Inf18	Percent of total preterm births (<37 weeks)	3,409 (2002)	8.7% (2002)	3,873 (2008)	9.3% (2008)	12.1% (2002)	12.8% (2006)	7.6% (16-11a)	2	5	Yes	Residence data
Inf19	Percent of live births at 32 to 36 weeks of gestation (moderate and late preterm)	2,845 (2002)	7.3% (2002)	3,200 (2008)	7.7% (2008)	10.1% (2002)	10.7% (2006)	6.4% (16-11b)	2	5	Yes	Residence data
Inf20	Percent of live births at 34 to 36 weeks of gestation (late preterm)	2,460 (2002)	6.3% (2002)	2,777 (2008)	6.7% (2008)	8.8% (2003)	9.2% (2006)		2	5	Yes	Residence data
Inf21	Percent of live births at less than 32 weeks of gestation (very premature)	564 (2002)	1.4% (2002)	673 (2008)	1.6% (2008)	2.0% (2002)	2.1% (2006)	6.4% (16-11c)	2	5	Yes	Residence data

Health System Indicator

Inf22	Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.		82.6% (2002)		78.9% (2008)			90% (16-8)	2		Yes	Residence data
Inf23	Percent Medicaid enrollees whose age is less than one year who received at least one initial or periodic screening		81.0% (FFY2002)		89.4% (FFY2008)				6		No	
Inf24	Percent of State Children Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.		57.9% (FFY2002)		66.0% (FFY2008)				7		No	



Infant Indicator List

Kansas

United States

Notes Related to Current** Data

Historical* Current**

Historical* Current**

HP2010 Goal***

Data Source County-level? Comments

Code Health Indicator

Number Statistic Number Statistic

KS U.S. level? Comments

Additional Detail Data on Resident Live Births

Code	Health Indicator	Kansas		United States		HP2010 Goal***	Notes Related to Current** Data		
		Historical*	Current**	Historical*	Current**		Data Source	County-level?	Comments
		Number	Statistic	Number	Statistic		KS	U.S.	
	NEWBORN								
	2005								
	2008								
Inf25	Sex						8		
	Male	20,133	50.7%	21,386	51.1%				
	Female	19,567	49.3%	20,428	48.9%				
	N.S.	1	0.0%	1	0.0%				
Inf26	Plurality						8		
	Single	38,405	96.7%	40,537	96.9%				
	Twin	1,226	3.1%	1,228	2.9%				
	Other multiple	61	0.2%	46	0.1%				
	N.S.	9	0.0%	4	0.0%				
Inf27	Obstetric estimate of gestation (completed weeks)						8		
	UNDER 20	14	0.0%	17	0.0%				
	20-22	53	0.1%	56	0.1%				
	23-27	181	0.5%	233	0.6%				
	28-31	358	0.9%	367	0.9%				
	32-35	1,593	4.0%	1,629	3.9%				
	36	1,589	4.0%	1,571	3.8%				
	37-41	35,357	89.1%	37,663	90.1%				
	42+	280	0.7%	211	0.5%				
	N.S.	276	0.7%	68	0.2%				
Inf28	Birth weight in grams						8		
	Under 500	79	0.2%	73	0.2%				
	500-749	87	0.2%	109	0.3%				
	750-999	104	0.3%	103	0.2%				
	1000-1249	108	0.3%	134	0.3%				
	1250-1499	156	0.4%	155	0.4%				
	1500-1999	536	1.4%	556	1.3%				
	2000-2499	1,782	4.5%	1,884	4.5%				
	2500-2999	6,892	17.4%	7,353	17.6%				
	3000-3499	15,357	38.7%	16,349	39.1%				
	3500-3999	11,194	28.2%	11,676	27.9%				
	4000-4499	2,961	7.5%	2,969	7.1%				
	4500+	439	1.1%	443	1.1%				
	N. S.	6	0.0%	11	0.0%				
Inf29	Infant transferred (within 24 hours of delivery)						8		
	Yes	489	1.2%	461	1.1%				
	No	38,993	98.2%	41,262	98.7%				
	N.S.	219	0.6%	92	0.2%				



Infant Indicator List

		Kansas		United States		HP2010 Goal***	Notes Related to Current** Data		
		Historical*	Current**	Historical*	Current**		Data Source	County-level?	Comments
Code	Health Indicator	Number	Statistic	Number	Statistic		KS	U.S.	

Inf30	Is infant being breast-fed?						8			
	Yes	27,222	68.6%	31,260	74.8%					
	No	8,819	22.2%	9,059	21.7%					
	N.S.	3,660	9.2%	1,496	3.6%					
	Abnormal conditions of newborn (The numbers will not add to the total live births due to multi-coding.)							8		
Inf31	Assisted ventilation required immediately following delivery	1,888	4.8%	1,370	3.3%					
Inf32	Assisted ventilation required for more than 6 hours	231	0.6%	188	0.4%					
Inf33	NICU admission	2,148	5.4%	2,340	5.6%					
Inf34	Newborn given surfactant replacement therapy	102	0.3%	136	0.3%					
Inf35	Antibiotics received by the newborn for suspected neonatal sepsis	302	0.8%	253	0.6%					
Inf36	Seizure or serious neurologic dysfunction	15	0.0%	5	0.0%					
Inf37	Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage which requires intervention)	44	0.1%	25	0.1%					
	None of the above	35,203	88.7%	38,528	92.1%					
	N.S.	811	2.0%	2	0.0%					
	APGAR Score									
Inf38	Score at 1 minute						8			
	0	27	0.1%	25	0.1%					
	1-6	3,087	7.8%	3,064	7.3%					
	7-10	36,294	91.4%	38,457	92.0%					
	Not applicable	0	0.0%	0	0.0%					
	N.S.	293	0.7%	269	0.6%					
Inf39	Score at 5 minutes						8			
	0	19	0.0%	18	0.0%					
	1-6	574	1.4%	593	1.4%					
	7-10	38,821	97.8%	41,021	98.1%					
	Not applicable	2	0.0%	0	0.0%					
	N.S.	285	0.7%	183	0.4%					
Inf40	Score at 10 minutes						8			
	0	1,115	2.8%	19	0.0%					
	1-6	216	0.5%	226	0.5%					
	7-10	25,694	64.7%	26,362	63.0%					
	Not applicable	46	0.1%	28	0.1%					
	N.S.	12,630	31.8%	15,180	36.3%					



Infant Indicator List

Code	Health Indicator	Kansas				United States		HP2010 Goal***	Notes Related to Current** Data			
		Historical*		Current**		Historical*	Current**		Data Source		County-level?	Comments
		Number	Statistic	Number	Statistic				KS	U.S.		
Inf41	Congenital anomalies (The numbers will not add to the total live births due to multi-coding.)							8				
	Anencephaly	11	0.03%	8	0.02%							
	Meningomyelocele/Spinal bifida	12	0.03%	5	0.01%							
	Cyanotic congenital heart disease	15	0.04%	11	0.03%							
	Congenital diaphragmatic hernia	5	0.01%	1	0.00%							
	Omphalocele	5	0.01%	3	0.01%							
	Gastroschisis	18	0.05%	12	0.03%							
	Limb reduction defect (excluding congenital amputation and dwarfing syndromes)	9	0.02%	4	0.01%							
	Cleft Lip with or without Cleft Palate	32	0.08%	26	0.06%							
	Cleft Palate alone	15	0.04%	9	0.02%							
	Down Syndrome	31	0.08%	33	0.08%							
	Suspected chromosomal disorder	19	0.05%	26	0.06%							
	Hypospadias	23	0.06%	19	0.05%							
	Fetal alcohol syndrome	2	0.01%	1	0.00%							
	Other congenital anomalies	239	0.60%	666	1.59%							
	None of the above	38,591	97.20%	41,022	98.10%							
	N.S.	713	1.80%	2	0.00%							
	Down Syndrome							8				
	Karyotype confirmed	1	3.2%	5	15.2%							
	Karyotype pending	17	54.8%	26	78.8%							
	N.S.	13	41.9%	2	6.1%							
	Suspected chromosomal disorder							8				
	Karyotype confirmed	2	10.5%	6	23.1%							
	Karyotype pending	16	84.2%	19	73.1%							
	N.S.	1	5.3%	1	3.8%							

Footnotes and Abbreviations

* Historical: Reported for MCH2010 process; see data cells, column headers, or source notes at bottom for data year, where applicable.

** Current: Latest available data for MCH2015; see data cells, column headers, or source notes at bottom for data year.

*** HP2010 Goal: Healthy People 2010 goal; corresponding objective number in parentheses.

Data Sources

1. Bureau of Public Health Informatics (BPHI), Kansas Department of Health and Environment (KDHE), Annual Summary of Vital Statistics: 2008
2. Bureau of Public Health Informatics (BPHI), KDHE, Adhoc reports
3. National Center for Health Statistics (NCHS), National Vital Statistics Reports, vol 57 no 14
4. Newborn Screening Program
5. National Center for Health Statistics (NCHS), National Vital Statistics Report, vol 52 no10
6. Kansas Medical Assistance Program Reporting System, KAN-Be-Healthy annual participation report
7. Kansas Medical Assistance Program Reporting System, Well Child for HW21 report
8. Bureau of Public Health Informatics (BPHI), KDHE, Perinatal Casualty Report



	What percent of healthy breastfed infants receive non-breast milk feedings?				N
	<10%	10-49%	50-89%	90% or more	
All	20.6	55.3	21.3	2.9	2570
State					
AK	43.5	47.8	8.7	0	23
AL	9.3	41.9	46.5	2.3	43
AR	0	73.1	26.9	0	26
AZ	12.5	59.4	28.1	0	32
CA	14.2	59.5	23.7	2.6	190
CO	22	48.8	29.3	0	41
CT	14.3	76.2	9.5	0	21
DC	25	50	25	0	4
DE	42.9	42.9	14.3	0	7
FL	33.7	38.2	25.8	2.2	89
GA	10.6	48.5	36.4	4.5	66
HI	11.1	77.8	11.1	0	9
IA	17.1	61.4	18.6	2.9	70
ID	33.3	50	8.3	8.3	24
IL	10.7	55.3	30.1	3.9	103
IN	23.5	54.3	17.3	4.9	81
KS	27.9	51.5	19.1	1.5	68
KY	4.8	64.3	31	0	42
LA	11.9	61.9	23.8	2.4	42
MA	25	75	0	0	36
MD	14.8	63	18.5	3.7	27
ME	48.1	44.4	7.4	0	27
MI	15.1	56.2	24.7	4.1	73
MN	24.7	67.9	6.2	1.2	81
MO	21.4	55.4	19.6	3.6	56
MS	19.4	50	22.2	8.3	36
MT	31	58.6	3.4	6.9	29
NC	8.8	63.2	26.5	1.5	68
ND	12.5	75	12.5	0	16
NE	17.8	60	20	2.2	45
NH	66.7	33.3	0	0	21
NJ	2.3	59.1	34.1	4.5	44
NM	35	35	20	10	20
NV	7.7	53.8	30.8	7.7	13
NY	25	53.8	17.3	3.8	104
OH	23.7	60.8	13.4	2.1	97
OK	12.5	52.1	25	10.4	48

	What percent of healthy breastfed infants receive non-breast milk feedings?				N
	<10%	10-49%	50-89%	90% or more	
OR	39.2	56.9	3.9	0	51
PA	24.5	52	23.5	0	98
PR	0	20	80	0	10
RI	40	40	20	0	5
SC	16.2	35.1	43.2	5.4	37
SD	15.8	73.7	10.5	0	19
TN	12.9	58.1	22.6	6.5	62
TX	16.9	47	30.6	5.5	183
UT	16.7	63.3	16.7	3.3	30
VA	15.2	63	17.4	4.3	46
VT	72.7	27.3	0	0	11
WA	43.8	46.9	9.4	0	64
WI	30.4	60.9	8.7	0	92
WV	7.7	57.7	34.6	0	26
WY	21.4	71.4	7.1	0	14

Source: CDC National Survey of Maternity Practices in Infant Nutrition and Care (mPINC), 2007

*Definition of "lactation program" used by SHRM in their 2007 Benefits Survey:
<http://www.shrm.org/Publications/HRNews/Pages/ToolkitLactationInformation.aspx>

Wholesale/Retail	17%
Service (P)	25%
Service (NP)	16%
Manufacture (NDG)	35%
Manufacture (DG)	16%
Health	32%
Government	11%
Financial Services	38%
All	26%

Source: 2007 Benefits Survey Report , The Society for Human Resource Management (SHRM)

Comments from Brenda Bandy:

In its 2008 Benefits Survey of 996 HR professionals, the Society for Human Resource Management found that one-fourth of respondents said their organizations provided an on-site lactation/mother's room; the trend is most prevalent among employers with 500 or more employees.

[Society for Human Resource Management](http://www.shrm.org/Research/SurveyFindings/Documents/08-0335_BenefitsSR_FINAL_.pdf)

http://www.shrm.org/Research/SurveyFindings/Documents/08-0335_BenefitsSR_FINAL_.pdf



Preg14: Percent of Live Births where the Mother Reported Smoking During Pregnancy*

Kansas Resident Births, 2005-2008

Source: Bureau of Public Health Informatics, KDHE
 Prepared by: Bureau of Family Health, KDHE
 *Unknown/not stated were excluded from the denominator.
 **Number too small to calculate percent

Tobacco use during pregnancy	2005-2008	
	Number	%
Yes	26689	16.9
No	131071	83.1
Total	157760	100.0

Mother's age-group	2005-2008		
	Numerator	Denominator	%
<20	3909	16187	24.1
20-34	21212	124054	17.1
35 & over	1564	17502	8.9
Unknown	4	17	**
Total	26689	157760	16.9

Mother's race/ethnicity	2005-2008		
	Numerator	Denominator	%
White, non-Hispanic	22145	113077	19.6
Black, non-Hispanic	2037	10938	18.6
Other, non-Hispanic	1067	8208	13.0
Hispanic	1425	25436	5.6
Unknown	15	101	14.9
Total	26689	157760	16.9

Metropolitan***	2005-2008		
	Numerator	Denominator	%
Metropolitan	14088	97031	14.5
Non-Metropolitan	12601	60729	20.7
Total	26689	157760	16.9

***Butler, Douglas, Harvey, Johnson, Leavenworth, Miami, Sedgwick, Shawnee, and Wyandotte

Mother's Foreign-born status	2005-2008		
	Numerator	Denominator	%
US-born	26065	134275	19.4
Foreign-born	619	23420	2.6
Unknown	5	65	**
Total	26689	157760	16.9

Mother's education	2005-2008		
	Numerator	Denominator	%
8th grad or less	538	6690	8.0
Some HS, no diploma	7207	22765	31.7
HS grad or GED	10424	37917	27.5
Some college, no degree	6439	34268	18.8
Associate degree	1065	10668	10.0
Bachelor's degree	726	31390	2.3
Master's degree	103	9943	1.0
Doctorate or professional	24	2326	1.0
Unknown	163	1793	9.1
Total	26689	157760	16.9

Mother's education	2005-2008		
	Numerator	Denominator	%
< High school	7745	29455	26.3
≥ High school	18781	126512	14.8
Unknown	163	1793	9.1
Total	26689	157760	16.9

Mother's marital status	2005-2008		
	Numerator	Denominator	%
Yes	9712	101700	9.5
No	16946	55954	30.3
Unknown	31	106	29.2
Total	26689	157760	16.9

Principal source of payment for the delivery	2005-2008		
	Numerator	Denominator	%
Medicaid	14333	40083	35.8
Private/employer insurance	6484	81296	8.0
Self-pay	1277	11500	11.1
Indian Health Service	37	160	23.1
CHAMPUS/TRICARE	907	6210	14.6
Other government	2480	8120	30.5
Other	391	3043	12.8
Unknown	780	7348	10.6
Total	26689	157760	16.9

WIC status	2005-2008		
	Numerator	Denominator	%
Yes	14817	54152	27.4
No	10527	96336	10.9
Unknown	1345	7272	18.5
Total	26689	157760	16.9

Prenatal care began	2005-2008		
	Numerator	Denominator	%
First trimester	16084	109538	14.7
Second trimester	6987	30951	22.6
Third trimester	1632	5890	27.7
None	550	1608	34.2
Unknown	1436	9773	14.7
Total	26689	157760	16.9

APNCU	2005-2008		
	Numerator	Denominator	%
Inadequate	5876	22095	26.6
Intermediate	1713	9941	17.2
Adequate	9876	67363	14.7
Adequate plus	7345	46370	15.8
Unknown	1879	11991	15.7
Total	26689	157760	16.9

Prematurity	2005-2008		
	Numerator	Denominator	%
Under 32 weeks (very premature)	508	2418	21.0
32-36 weeks (moderately and late premature)	2598	12233	21.2
<37 weeks (Preterm)	3106	14651	21.2
37-41 weeks (Normal)	23332	141542	16.5
Over 42 weeks (Over due)	139	982	14.2
Unknown	112	585	19.1
Total	26689	157760	16.9

Birthweight group	2005-2008		
	Numerator	Denominator	%
Under 1500 grams (VLBW: very low birth weight)	449	2100	21.3809524
1500-2499 grams	2546	9198	27.6799304
<2500 grams (LBW: low birth weight)	2995	11298	26.5
2500 grams and over (Normal)	23692	146441	16.2
Unknown	2	21	**
Total	26689	157760	16.9

Plurality	2005-2008		
	Numerator	Denominator	%
Single	26001	152890	17.0
Multiple	684	4838	14.1
Unknown	4	32	**
Total	26689	157760	16.9

Prepregnancy diabetes	2005-2008		
	Numerator	Denominator	%
Yes	194	1089	17.8
No	26495	156603	16.9
Unknown	0	68	**
Total	26689	157760	16.9

Gestational diabetes	2005-2008		
	Numerator	Denominator	%
Yes	875	5751	15.2
No	25814	151941	17.0
Unknown	0	68	**
Total	26689	157760	16.9

Prepregnancy hypertension	2005-2008		
	Numerator	Denominator	%
Yes	247	1567	15.8
No	26442	156125	16.9
Unknown	0	68	**
Total	26689	157760	16.9

Gestational hypertension	2005-2008		
	Numerator	Denominator	%
Yes	939	5801	16.2
No	25750	151891	17.0
Unknown	0	68	**
Total	26689	157760	16.9

Eclampsia	2005-2008		
	Numerator	Denominator	%
Yes	37	327	11.3
No	26652	157365	16.9
Unknown	0	68	**
Total	26689	157760	16.9

Previous preterm birth	2005-2008		
	Numerator	Denominator	%
Yes	1194	4539	26.3
No	25495	153153	16.6
Unknown	0	68	**
Total	26689	157760	16.9

Other previous poor outcome	2005-2008		
	Numerator	Denominator	%
Yes	595	2567	23.2
No	26094	155125	16.8
Unknown	0	68	**
Total	26689	157760	16.9

Vaginal bleeding prior to labor	2005-2008		
	Numerator	Denominator	%
Yes	468	2058	22.7
No	26221	155634	16.8
Unknown	0	68	**
Total	26689	157760	16.9

Previous cesarean	2005-2008		
	Numerator	Denominator	%
Yes	3482	18826	18.5
No	23207	138866	16.7
Unknown	0	68	**
Total	26689	157760	16.9

Alcohol use during pregnancy	2005-2008		
	Numerator	Denominator	%
Yes	295	439	67.2
No	26394	157253	16.8
Unknown	0	68	**
Total	26689	157760	16.9



Substance Abuse Treatment Admissions Among Pregnant Women

Kansas, FY2000-2009

Source: Kansas Department of Social and Rehabilitation services (SRS), Division of Health Care Policy, Addiction and Prevention Services

Prepared by: Bureau of Family Health, KDHE

Year	Number	%
FY 2000	333	6.8
FY 2001	455	9.4
FY 2002	419	8.6
FY 2003	367	7.5
FY 2004	468	9.6
FY 2005	411	8.5
FY 2006	501	10.3
FY 2007	575	11.8
FY 2008	561	11.5
FY 2009	625	12.9
Total	4862	100.0

Primary problem	FY2000-FY2009	
	Number	%
Alcohol	1677	35.6
Marijuana	1342	28.5
Cocaine	791	16.8
Methamphetamine	707	15.0
Heroin/other opiates	95	2.0
Other drugs	103	2.2
Total	4715	100.0

Secondary problem	FY2000-FY2009	
	Number	%
Alcohol	1087	23.1
Marijuana	1257	26.7
Methamphetamine	411	8.7
Cocaine	383	8.1
Heroin/other opiates	74	1.6
Other drugs	136	2.9
None	1367	29.0
Total	4715	100.0

Mother's age-group	FY2000-FY2009	
	Number	%
<20	978	20.7
20-34	3376	71.6
35 & over	361	7.7
Total	4715	100.0

Race	FY2000-FY2009	
	Number	%
White	3293	69.8
Black	917	19.4
Native American	141	3.0
Alaskan	9	0.2
Asian	19	0.4
Pacific Islander	4	0.1
Other	332	7.0
Total	4715	100.0

Ethnicity	FY2000-FY2009	
	Number	%
Hispanic	430	9.1
Not Hispanic	4283	90.8
Unknown	2	0.0
Total	4715	100.0

Marital status	FY2000-FY2009	
	Number	%
Married	528	11.2
Common-Law	187	4.0
Divorced	600	12.7
Separated	366	7.8
Widowed	37	0.8
Never married	2997	63.6
Total	4715	100.0

Metropolitan**	FY2000-FY2009	
	Number	%
Metropolitan	2841	60.3
Non-Metropolitan	1874	39.7
Total	4715	100.0

**Butler, Douglas, Harvey, Johnson, Leavenworth, Miami, Sedgwick, Shawnee, and Wyandotte

Employment	FY2000-FY2009	
	Number	%
Full-Time	408	8.7
Not in labor force	3455	73.3
Part-Time	356	7.6
Unemployed	487	10.3
Unknown	9	0.2
Total	4715	100.0

Living arrangement	FY2000-FY2009	
	Number	%
Dependent	1529	32.4
Homeless	369	7.8
Independent	2817	59.7
Total	4715	100.0

Have children	FY2000-FY2009	
	Number	%
None	2412	51.2
1	1156	24.5
2	630	13.4
3	326	6.9
4+	191	4.1
Total	4715	100.0

Emotional Abuse	FY2007-FY2009	
	Number	%
Yes	781	44.3
No	5	0.3
Unknown	975	55.4
Total	1761	100.0

Physical abuse	FY2000-FY2009	
	Number	%
Yes	2292	48.6
No	263	5.6
Unknown	2160	45.8
Total	4715	100.0

Sexual abuse	FY2000-FY2009	
	Number	%
Yes	1852	39.3
No	265	5.6
Unknown	2598	55.1
Total	4715	100.0

Psych problem	FY2000-FY2009	
	Number	%
Yes	819	17.4
No	3895	82.6
Unknown	1	0.0
Total	4715	100.0

Tobacco use	FY2004-FY2009	
	Number	%
Yes	1994	63.5
No	1007	32.1
Unknown	140	4.5
Total	3141	100.0

Funding source	FY2000-FY2009	
	Number	%
4th Time DUI	10	0.2
AAPS	1644	33.8
Medicaid	2965	61.0
Post Release	7	0.1
SB 123	81	1.7
Self Pay/Insurance	155	3.2
Total	4862	100.0

Admission modality	FY2000-FY2009	
	Number	%
Intensive outpatient	331	6.8
Intermediate	436	9.0
Outpatient	1751	36.0
Reintegration	117	2.4
Social Detoxification	194	4.0
Unkown	2033	41.8
Total	4862	100.0



Preg 33: Percent of Infants Born to Pregnant Women Receiving Prenatal Care Beginning in the First Trimester*

Kansas Resident Births, 2005-2008

Source: Bureau of Public Health Informatics, KDHE
 Prepared by: Bureau of Family Health, KDHE
 *Unknown/not stated were excluded from the denominator.
 **Number too small to calculate rate

Prenatal care began	2005-2008	
	Number	%
First trimester	113739	74.1
Second trimester	32000	20.8
Third trimester	6065	4.0
None	1732	1.1
Total	153536	100.0

Mother's age-group	2005-2008		
	Numerator	Denominator	%
<20	9007	15816	56.9
20-34	91485	121179	75.5
35 & over	13243	16529	80.1
Unknown	4	12	**
Total	113739	153536	74.1

Mother's race/ethnicity	2005-2008		
	Numerator	Denominator	%
White, non-Hispanic	87989	111011	79.3
Black, non-Hispanic	6372	10227	62.3
Other, non-Hispanic	5822	8061	72.2
Hispanic	13502	24141	55.9
Unknown	54	96	56.3
Total	113739	153536	74.1

Metropolitan**	2005-2008		
	Numerator	Denominator	%
Metropolitan	70950	93575	75.8
Non-Metropolitan	42789	59961	71.4
Total	113739	153536	74.1

**Butler, Douglas, Harvey, Johnson, Leavenworth, Miami, Sedgwick, Shawnee, and Wyandotte

Mother's Foreign-born status	2005-2008		
	Numerator	Denominator	%
US-born	100566	131623	76.4
Foreign-born	13164	21893	60.1
Unknown	9	20	**
Total	113739	153536	74.1

Mother's education	2005-2008		
	Numerator	Denominator	%
8th grad or less	2931	6186	47.4
Some HS, no diploma	12020	21847	55.0
HS grad or GED	25115	37301	67.3
Some college, no degree	26366	34581	76.2
Associate degree	8816	10566	83.4
Bachelor's degree	27418	30672	89.4
Master's degree	8719	9484	91.9
Doctorate or professional	2022	2258	89.5
Unknown	332	641	51.8
Total	113739	153536	74.1

Mother's education	2005-2008		
	Numerator	Denominator	%
< High school	14951	28033	53.3
≥ High school	98456	124862	78.9
Unknown	332	641	51.8
Total	113739	153536	74.1

Mother's marital status	2005-2008		
	Numerator	Denominator	%
Yes	80741	98592	81.9
No	32952	54861	60.1
Unknown	46	83	55.4
Total	113739	153536	74.1

Principal source of payment for the delivery	2005-2008		
	Numerator	Denominator	%
Medicaid	24678	40591	60.8
Private/employer insurance	70976	82464	86.1
Self-pay	5463	11188	48.8
Indian Health Service	106	174	60.9
CHAMPUS/TRICARE	5111	6343	80.6
Other government	4761	7908	60.2
Other	1586	2748	57.7
Unknown	1058	2120	49.9
Total	113739	153536	74.1

WIC status	2005-2008		
	Numerator	Denominator	%
Yes	32913	52885	62.2
No	76715	94189	81.4
Unknown	4090	6377	64.1
Total	113739	153536	74.1

APNCU	2005-2008		
	Numerator	Denominator	%
Inadequate	856	22786	3.8
Intermediate	8573	10279	83.4
Adequate	61713	69693	88.5
Adequate plus	41027	48368	84.8
Unknown	1570	2410	65.1
Total	113739	153536	74.1

Prematurity	2005-2008		
	Numerator	Denominator	%
Under 32 weeks (very premature)	1579	2141	73.7505838
32-36 weeks (moderately and late premature)	8799	11724	75.0511771
<37 weeks (Preterm)	10378	13865	74.9
37-41 weeks (Normal)	102605	138375	74.1
Over 42 weeks (Over due)	598	940	63.6
Unknown	158	356	44.4
Total	113739	153536	74.1

Birthweight group	2005-2008		
	Numerator	Denominator	%
Under 1500 grams (VLBW: very low birth weight)	1353	1861	72.7028479
1500-2499 grams	6273	8737	71.7981
<2500 grams (LBW: low birth weight)	7626	10598	72.0
2500 grams and over (Normal)	106104	142917	74.2
Unknown	9	21	**
Total	113739	153536	74.1

Plurality	2005-2008		
	Numerator	Denominator	%
Single	109983	148896	73.9
Multiple	3740	4614	81.1
Unknown	16	26	61.5
Total	113739	153536	74.1

Prepregnancy diabetes	2005-2008		
	Numerator	Denominator	%
Yes	724	936	77.4
No	113015	152591	74.1
Unknown	0	9	**
Total	113739	153536	74.1

Gestational diabetes	2005-2008		
	Numerator	Denominator	%
Yes	4364	5797	75.3
No	109375	147730	74.0
Unknown	0	9	**
Total	113739	153536	74.1

Prepregnancy hypertension	2005-2008		
	Numerator	Denominator	%
Yes	1126	1440	78.2
No	112613	152087	74.0
Unknown	0	9	**
Total	113739	153536	74.1

Gestational hypertension	2005-2008		
	Numerator	Denominator	%
Yes	4493	5867	76.6
No	109246	147660	74.0
Unknown	0	9	**
Total	113739	153536	74.1

Eclampsia	2005-2008		
	Numerator	Denominator	%
Yes	144	181	79.6
No	113595	153346	74.1
Unknown	0	9	**
Total	113739	153536	74.1

Previous preterm birth	2005-2008		
	Numerator	Denominator	%
Yes	3097	4390	70.5
No	110642	149137	74.2
Unknown	0	9	**
Total	113739	153536	74.1

Other previous poor outcome	2005-2008		
	Numerator	Denominator	%
Yes	1982	2580	76.8
No	111757	150947	74.0
Unknown	0	9	**
Total	113739	153536	74.1

Vaginal bleeding prior to labor	2005-2008		
	Numerator	Denominator	%
Yes	1667	2082	80.1
No	112072	151445	74.0
Unknown	0	9	**
Total	113739	153536	74.1

Previous cesarean	2005-2008		
	Numerator	Denominator	%
Yes	13791	18678	73.8
No	99948	134849	74.1
Unknown	0	9	**
Total	113739	153536	74.1

Alcohol use during pregnancy	2005-2008		
	Numerator	Denominator	%
Yes	219	429	51.0
No	113520	153098	74.1
Unknown	0	9	**
Total	113739	153536	74.1

Tobacco use during pregnancy	2005-2008		
	Numerator	Denominator	%
Yes	16084	25253	63.7
No	93454	122734	76.1
Unknown	4201	5549	75.7
Total	113739	153536	74.1



Preg 33: Percent of Pregnant Women Who Received Early and Adequate* Prenatal Care**

Kansas Resident Births, 2005-2008

Source: Bureau of Public Health Informatics, KDHE
Prepared by: Bureau of Family Health, KDHE
*Adequate plus and adequate
**Unknown/not stated were excluded from the denominator.
***Number too small to calculate rate

APNCU	2005-2008	
	Number	%
Adequate plus	48368	32.0
Adequate	69693	46.1
Adequate prenatal care	118061	78.1
Intermediate	10279	6.8
Inadequate	22859	15.1
Total	151199	100.0

Mother's age-group	2005-2008		
	Numerator	Denominator	%
<20	10045	15476	64.9
20-34	94503	119371	79.2
35 & over	13509	16340	82.7
Unknown	4	12	33.3
Total	118061	151199	78.1

Mother's race/ethnicity	2005-2008		
	Numerator	Denominator	%
White, non-Hispanic	90993	109604	83.0
Black, non-Hispanic	6566	9968	65.9
Other, non-Hispanic	6068	7941	76.4
Hispanic	14434	23597	61.2
Unknown	55	89	61.8
Total	118061	151199	78.1

Metropolitan****	2005-2008		
	Numerator	Denominator	%
Metropolitan	73798	92150	80.1
Non-Metropolitan	44263	59049	75.0
Total	118061	151199	78.1

****Butler, Douglas, Harvey, Johnson, Leavenworth, Miami, Sedgwick, Shawnee, and Wyandotte

Mother's Foreign-born status	2005-2008		
	Numerator	Denominator	%
US-born	104283	129755	80.4
Foreign-born	13771	21428	64.3
Unknown	7	16	43.8
Total	118061	151199	78.1

Mother's education	2005-2008		
	Numerator	Denominator	%
< High school	16324	27367	59.6
≥ High school	101404	123237	82.3
Unknown	333	595	56.0
Total	118061	151199	78.1

Mother's education	2005-2008		
	Numerator	Denominator	%
8th grad or less	3236	6028	53.7
Some HS, no diploma	13088	21339	61.3
HS grad or GED	26829	36640	73.2
Some college, no degree	27609	34099	81.0
Associate degree	8930	10436	85.6
Bachelor's degree	27382	30399	90.1
Master's degree	8624	9413	91.6
Doctorate or professional	2030	2250	90.2
Unknown	333	595	56.0
Total	118061	151199	78.1

Mother's marital status	2005-2008		
	Numerator	Denominator	%
Yes	82157	97380	84.4
No	35862	53739	66.7
Unknown	42	80	52.5
Total	118061	151199	78.1

Principal source of payment for the delivery	2005-2008		
	Numerator	Denominator	%
Medicaid	26815	39807	67.4
Private/employer insurance	72080	81595	88.3
Self-pay	5959	10960	54.4
Indian Health Service	110	173	63.6
CHAMPUS/TRICARE	4896	6285	77.9
Other government	5565	7724	72.0
Other	1615	2683	60.2
Unknown	1021	1972	51.8
Total	118061	151199	78.1

WIC status	2005-2008		
	Numerator	Denominator	%
Yes	35675	51818	68.8
No	78097	93180	83.8
Unknown	4271	6201	68.9
Total	118061	151199	78.1

Prenatal care began	2005-2008		
	Numerator	Denominator	%
First trimester	102740	112169	91.6
Second trimester	15321	31325	48.9
Third trimester	0	5915	0.0
None	0	1717	0.0
Unknown	0	73	0.0
Total	118061	151199	78.1

Prematurity	2005-2008		
	Numerator	Denominator	%
Under 32 weeks (very premature)	1645	1995	82.5
32-36 weeks (moderately and late premature)	9355	11431	81.8
<37 weeks (Preterm)	11000	13426	81.9
37-41 weeks (Normal)	106373	136536	77.9
Over 42 weeks (Over due)	560	928	60.3
Unknown	128	309	41.4
Total	118061	151199	78.1

Birthweight group	2005-2008		
	Numerator	Denominator	%
Under 1500 grams (VLBW: very low birth weight)	1409	1733	81.3
1500-2499 grams	6699	8496	78.8
<2500 grams (LBW: low birth weight)	8108	10229	79.3
2500 grams and over (Normal)	109940	140949	78.0
Unknown	13	21	61.9
Total	118061	151199	78.1

Plurality	2005-2008		
	Numerator	Denominator	%
Single	114051	146674	77.8
Multiple	3994	4499	88.8
Unknown	16	26	61.5
Total	118061	151199	78.1

Prepregnancy diabetes	2005-2008		
	Numerator	Denominator	%
Yes	759	915	83.0
No	117302	150275	78.1
Unknown	0	9	0.0
Total	118061	151199	78.1

Gestational diabetes	2005-2008		
	Numerator	Denominator	%
Yes	4712	5690	82.8
No	113349	145500	77.9
Unknown	0	9	0.0
Total	118061	151199	78.1

Prepregnancy hypertension	2005-2008		
	Numerator	Denominator	%
Yes	1175	1418	82.9
No	116886	149772	78.0
Unknown	0	9	0.0
Total	118061	151199	78.1

Gestational hypertension	2005-2008		
	Numerator	Denominator	%
Yes	4824	5745	84.0
No	113237	145445	77.9
Unknown	0	9	0.0
Total	118061	151199	78.1

Eclampsia	2005-2008		
	Numerator	Denominator	%
Yes	150	177	84.7
No	117911	151013	78.1
Unknown	0	9	0.0
Total	118061	151199	78.1

Previous preterm birth	2005-2008		
	Numerator	Denominator	%
Yes	3364	4264	78.9
No	114697	146926	78.1
Unknown	0	9	0.0
Total	118061	151199	78.1

Other previous poor outcome	2005-2008		
	Numerator	Denominator	%
Yes	2051	2545	80.6
No	116010	148645	78.0
Unknown	0	9	0.0
Total	118061	151199	78.1

Vaginal bleeding prior to labor	2005-2008		
	Numerator	Denominator	%
Yes	1707	2046	83.4
No	116354	149144	78.0
Unknown	0	9	0.0
Total	118061	151199	78.1

Previous cesarean	2005-2008		
	Numerator	Denominator	%
Yes	14437	18351	78.7
No	103624	132839	78.0
Unknown	0	9	0.0
Total	118061	151199	78.1

Alcohol use during pregnancy	2005-2008		
	Numerator	Denominator	%
Yes	224	418	53.6
No	117837	150772	78.2
Unknown	0	9	0.0
Total	118061	151199	78.1

Tobacco use during pregnancy	2005-2008		
	Numerator	Denominator	%
Yes	17221	24810	69.4
No	96512	120959	79.8
Unknown	4328	5430	79.7
Total	118061	151199	78.1



Numerator and Rate* of Live Births to Mothers with Selected Pre-Existing Risk Factors**

Kansas Resident Births, 2005-2008

Source: Bureau of Public Health Informatics, KDHE
Prepared by: Bureau of Family Health, KDHE
*per 1,000 live births
**Unknown/not stated were excluded from the denominator.
***Numerator too small to calculate rate
Numerator = Risk factor reported; Denominator = Live births in each category

	Prepregnancy diabetes		Gestational diabetes		Prepregnancy hypertension		Gestational hypertension		Eclampsia		Previous preterm birth	
	2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Yes	1164	0.7	5976	3.6	1643	1.0	6125	3.7	366	0.2	4675	2.8
No	163107	99.3	158295	96.4	162628	99.0	158146	96.3	163905	99.8	159596	97.2
Total	164271	100.0	164271	100.0	164271	100.0	164271	100.0	164271	100.0	164271	100.0

	Prepregnancy diabetes			Gestational diabetes			Prepregnancy hypertension			Gestational hypertension			Eclampsia			Previous preterm birth		
	2005-2008			2005-2008			2005-2008			2005-2008			2005-2008			2005-2008		
Mother's age-group	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
<20	41	16958	2.4	214	16958	12.6	71	16958	4.2	723	16958	42.6	47	16958	2.8	181	16958	10.7
20-34	865	129321	6.7	4456	129321	34.5	1200	129321	9.3	4709	129321	36.4	260	129321	2.0	3860	129321	29.8
35 & over	258	17970	14.4	1306	17970	72.7	372	17970	20.7	693	17970	38.6	59	17970	3.3	634	17970	35.3
Unknown	0	22	***	0	22	***	0	22	***	0	22	***	0	22	***	0	22	***
Total	1164	164271	7.1	5976	164271	36.4	1643	164271	10.0	6125	164271	37.3	366	164271	2.2	4675	164271	28.5

	2005-2008			2005-2008			2005-2008			2005-2008			2005-2008			2005-2008		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Mother's race/ethnicity																		
White, non-Hispanic	801	118255	6.8	3891	118255	32.9	1225	118255	10.4	4746	118255	40.1	291	118255	2.5	3334	118255	28.2
Black, non-Hispanic	76	11259	6.8	279	11259	24.8	187	11259	16.6	402	11259	35.7	38	11259	3.4	443	11259	39.3
Other, non-Hispanic	79	8536	9.3	517	8536	60.6	74	8536	8.7	223	8536	26.1	10	8536	1.2	211	8536	24.7
Hispanic	203	26093	7.8	1286	26093	49.3	155	26093	5.9	754	26093	28.9	25	26093	1.0	680	26093	26.1
Unknown	5	128	***	3	128	***	2	128	***	0	128	***	2	128	***	7	128	***
Total	1164	164271	7.1	5976	164271	36.4	1643	164271	10.0	6125	164271	37.3	366	164271	2.2	4675	164271	28.5

	2005-2008			2005-2008			2005-2008			2005-2008			2005-2008			2005-2008		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Mother's Foreign-born status																		
US-born	292	140371	2.1	4601	140371	32.8	1490	140371	10.6	5543	140371	39.5	342	140371	2.4	4177	140371	29.8
Foreign-born	49	23814	2.1	1375	23814	57.7	152	23814	6.4	581	23814	24.4	23	23814	1.0	495	23814	20.8
Unknown	1	86	***	0	86	***	1	86	***	1	86	***	1	86	***	3	86	***
Total	342	164271	2.1	5976	164271	36.4	1643	164271	10.0	6125	164271	37.3	366	164271	2.2	4675	164271	28.5



Numerator and Rate* of Live Births to Mothers with Selected Pre-Existing Risk Factors**

Kansas Resident Births, 2005-2008

Source: Bureau of Public Health Informatics, KDHE
 Prepared by: Bureau of Family Health, KDHE
 *per 1,000 live births
 **Unknown/not stated were excluded from the denominator.
 ***Numerator too small to calculate rate
 Numerator = Risk factor reported; Denominator = Live births in each category

	Other previous poor outcome		Vaginal bleeding prior to labor		Previous cesarean		Alcohol use during pregnancy	
	Number	%	Number	%	Number	%	Number	%
Yes	2674	1.6	2152	1.3	19347	11.8	457	0.3
No	161597	98.4	162119	98.7	144924	88.2	163814	99.7
Total	164271	100.0	164271	100.0	164271	100.0	164271	100.0

	Other previous poor outcome			Vaginal bleeding prior to labor			Previous cesarean			Alcohol use during pregnancy		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Mother's age-group												
<20	104	16958	6.1	221	16958	13.0	461	16958	27.2	39	16958	2.3
20-34	2147	129321	16.6	1655	129321	12.8	15404	129321	119.1	369	129321	2.9
35 & over	423	17970	23.5	276	17970	15.4	3479	17970	193.6	49	17970	2.7
Unknown	0	22	***	0	22	***	3	22	***	0	22	***
Total	2674	164271	16.3	2152	164271	13.1	19347	164271	117.8	457	164271	2.8

	2005-2008			2005-2008			2005-2008			2005-2008		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Mother's race/ethnicity												
White, non-Hispanic	1997	118255	16.9	1675	118255	14.2	13658	118255	115.5	326	118255	2.8
Black, non-Hispanic	198	11259	17.6	142	11259	12.6	1451	11259	128.9	56	11259	5.0
Other, non-Hispanic	111	8536	13.0	99	8536	11.6	946	8536	110.8	27	8536	3.2
Hispanic	366	26093	14.0	235	26093	9.0	3279	26093	125.7	47	26093	1.8
Unknown	2	128	***	1	128	***	13	128	101.6	1	128	***
Total	2674	164271	16.3	2152	164271	13.1	19347	164271	117.8	457	164271	2.8

	2005-2008			2005-2008			2005-2008			2005-2008		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Mother's Foreign-born status												
US-born	2340	140371	16.7	1968	140371	14.0	16366	140371	116.6	430	140371	3.1
Foreign-born	332	23814	13.9	184	23814	7.7	2980	23814	125.1	26	23814	1.1
Unknown	2	86	***	0	86	***	1	86	***	1	86	***
Total	2674	164271	16.3	2152	164271	13.1	19347	164271	117.8	457	164271	2.8



Numerator and Rate* of Live Births to Mothers with Selected Pre-Existing Risk Factors**

Kansas Resident Births, 2005-2008

	Prepregnancy diabetes			Gestational diabetes			Prepregnancy hypertension			Gestational hypertension			Eclampsia			Previous preterm birth		
	2005-2008			2005-2008			2005-2008			2005-2008			2005-2008			2005-2008		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Mother's education	58	6777	8.6	412	6777	60.8	44	6777	6.5	178	6777	26.3	7	6777	***	150	6777	22.1
8th grad or less	158	23601	6.7	745	23601	31.6	148	23601	6.3	802	23601	34.0	33	23601	1.4	810	23601	34.3
Some HS, no diploma	258	39746	6.5	1389	39746	34.9	403	39746	10.1	1495	39746	37.6	78	39746	2.0	1392	39746	35.0
HS grad or GED	330	36515	9.0	1347	36515	36.9	416	36515	11.4	1544	36515	42.3	101	36515	2.8	1102	36515	30.2
Some college, no degree	93	11175	8.3	480	11175	43.0	140	11175	12.5	477	11175	42.7	28	11175	2.5	283	11175	25.3
Associate degree	173	32083	5.4	1092	32083	34.0	327	32083	10.2	1182	32083	36.8	60	32083	1.9	628	32083	19.6
Bachelor's degree	63	10132	6.2	374	10132	36.9	107	10132	10.6	356	10132	35.1	36	10132	3.6	206	10132	20.3
Master's degree	6	2358	***	97	2358	41.1	23	2358	9.8	65	2358	27.6	8	2358	***	45	2358	19.1
Doctorate or professional	25	1884	13.3	40	1884	21.2	35	1884	18.6	26	1884	13.8	15	1884	8.0	59	1884	31.3
Unknown	1164	164271	7.1	5976	164271	36.4	1643	164271	10.0	6125	164271	37.3	366	164271	2.2	4675	164271	28.5
Total																		

	2005-2008			2005-2008			2005-2008			2005-2008			2005-2008			2005-2008		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Mother's education	216	30378	7.1	1157	30378	38.1	192	30378	6.3	980	30378	32.3	40	30378	1.3	960	30378	31.6
< High school	923	132009	7.0	4779	132009	36.2	1416	132009	10.7	5119	132009	38.8	311	132009	2.4	3656	132009	27.7
≥ High school	25	1884	13.3	40	1884	21.2	35	1884	18.6	26	1884	13.8	15	1884	8.0	59	1884	31.3
Unknown	1164	164271	7.1	5976	164271	36.4	1643	164271	10.0	6125	164271	37.3	366	164271	2.2	4675	164271	28.5
Total																		

	2005-2008			2005-2008			2005-2008			2005-2008			2005-2008			2005-2008		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Mother's marital status	775	105274	7.4	4283	105274	40.7	1157	105274	11.0	3846	105274	36.5	254	105274	2.4	2918	105274	27.7
Yes	389	58857	6.6	1690	58857	28.7	483	58857	8.2	2274	58857	38.6	112	58857	1.9	1751	58857	29.8
No	0	140	***	3	140	***	3	140	***	5	140	***	0	140	***	6	140	***
Unknown	1164	164271	7.1	5976	164271	36.4	1643	164271	10.0	6125	164271	37.3	366	164271	2.2	4675	164271	28.5
Total																		

	2005-2008			2005-2008			2005-2008			2005-2008			2005-2008			2005-2008		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Principal source of payment for the delivery	297	42206	7.0	1390	42206	32.9	344	42206	8.2	1593	42206	37.7	46	42206	1.1	1488	42206	35.3
Medicaid	490	83890	5.8	3364	83890	40.1	905	83890	10.8	3455	83890	41.2	77	83890	0.9	1989	83890	23.7
Private/employer insurance	65	11729	5.5	583	11729	49.7	85	11729	7.2	348	11729	29.7	8	11729	***	352	11729	30.0
Self-pay	2	178	***	16	178	89.9	4	178	***	6	178	***	1	178	***	3	178	***
Indian Health Service	23	6456	3.6	129	6456	20.0	48	6456	7.4	149	6456	23.1	37	6456	5.7	146	6456	22.6
CHAMPUS/TRICARE	60	8295	7.2	265	8295	31.9	68	8295	8.2	358	8295	43.2	8	8295	***	481	8295	58.0
Other government	19	3142	6.0	127	3142	40.4	11	3142	3.5	79	3142	25.1	3	3142	***	60	3142	19.1
Other	208	8375	24.8	102	8375	12.2	178	8375	21.3	137	8375	16.4	186	8375	22.2	156	8375	18.6
Unknown	1164	164271	7.1	5976	164271	36.4	1643	164271	10.0	6125	164271	37.3	366	164271	2.2	4675	164271	28.5
Total																		

	2005-2008			2005-2008			2005-2008			2005-2008			2005-2008			2005-2008		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Metropolitan**	681	100365	6.8	3516	100365	35.0	947	100365	9.4	3345	100365	33.3	203	100365	2.0	2883	100365	28.7
Metropolitan	483	63906	7.6	2460	63906	38.5	696	63906	10.9	2780	63906	43.5	163	63906	2.6	1792	63906	28.0
Non-Metropolitan	1164	164271	7.1	5976	164271	36.4	1643	164271	10.0	6125	164271	37.3	366	164271	2.2	4675	164271	28.5
Total																		

**Butler, Douglas, Harvey, Johnson, Leavenworth, Miami, Sedgwick, Shawnee, and Wyandotte



Numerator and Rate* of Live Births to Mothers with Selected Pre-Existing Risk Factors**

Kansas Resident Births, 2005-2008

	Other previous poor outcome			Vaginal bleeding prior to labor			Previous cesarean			Alcohol use during pregnancy		
	2005-2008			2005-2008			2005-2008			2005-2008		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Mother's education												
8th grad or less	105	6777	15.5	53	6777	7.8	952	6777	140.5	14	6777	2.1
Some HS, no diploma	372	23601	15.8	317	23601	13.4	2650	23601	112.3	108	23601	4.6
HS grad or GED	670	39746	16.9	529	39746	13.3	4834	39746	121.6	159	39746	4.0
Some college, no degree	645	36515	17.7	501	36515	13.7	4271	36515	117.0	111	36515	3.0
Associate degree	200	11175	17.9	176	11175	15.7	1379	11175	123.4	21	11175	1.9
Bachelor's degree	495	32083	15.4	410	32083	12.8	3698	32083	115.3	28	32083	0.9
Master's degree	129	10132	12.7	122	10132	12.0	1199	10132	118.3	6	10132	***
Doctorate or professional	41	2358	17.4	27	2358	11.5	260	2358	110.3	2	2358	***
Unknown	17	1884	9.0	17	1884	9.0	104	1884	55.2	8	1884	***
Total	2674	164271	16.3	2152	164271	13.1	19347	164271	117.8	457	164271	2.8

	2005-2008			2005-2008			2005-2008			2005-2008		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Mother's education												
< High school	477	30378	15.7	370	30378	12.2	3602	30378	118.6	122	30378	4.0
≥ High school	2180	132009	16.5	1765	132009	13.4	15641	132009	118.5	327	132009	2.5
Unknown	17	1884	9.0	17	1884	9.0	104	1884	55.2	8	1884	***
Total	2674	164271	16.3	2152	164271	13.1	19347	164271	117.8	457	164271	2.8

	2005-2008			2005-2008			2005-2008			2005-2008		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Mother's marital status												
Yes	1809	105274	17.2	1330	105274	12.6	13652	105274	129.7	157	105274	1.5
No	863	58857	14.7	819	58857	13.9	5688	58857	96.6	297	58857	5.0
Unknown	2	140	***	3	140	***	7	140	***	3	140	***
Total	2674	164271	16.3	2152	164271	13.1	19347	164271	117.8	457	164271	2.8

	2005-2008			2005-2008			2005-2008			2005-2008		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Principal source of payment for the delivery												
Medicaid	903	42206	21.4	680	42206	16.1	5031	42206	119.2	211	42206	5.0
Private/employer insurance	1395	83890	16.6	1144	83890	13.6	10343	83890	123.3	109	83890	1.3
Self-pay	144	11729	12.3	116	11729	9.9	1521	11729	129.7	38	11729	3.2
Indian Health Service	1	178	***	3	178	***	15	178	84.3	2	178	***
CHAMPUS/TRICARE	62	6456	9.6	50	6456	7.7	719	6456	111.4	13	6456	2.0
Other government	76	8295	9.2	88	8295	10.6	1159	8295	139.7	58	8295	7.0
Other	28	3142	8.9	37	3142	11.8	268	3142	85.3	9	3142	2.9
Unknown	65	8375	7.8	34	8375	4.1	291	8375	34.7	17	8375	2.0
Total	2674	164271	16.3	2152	164271	13.1	19347	164271	117.8	457	164271	2.8

	2005-2008			2005-2008			2005-2008			2005-2008		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Metropolitan**												
Metropolitan	1451	100365	14.5	1065	100365	10.6	11494	100365	114.5	266	100365	2.7
Non-Metropolitan	1223	63906	19.1	1087	63906	17.0	7853	63906	122.9	191	63906	3.0
Total	2674	164271	16.3	2152	164271	13.1	19347	164271	117.8	457	164271	2.8

**Butler, Douglas, Harvey, Johnson, Leavenworth, Miami, Sedgwick, Shawnee, and Wyandotte



Numerator and Rate* of Live Births to Mothers with Selected Pre-Existing Risk Factors**

Kansas Resident Births, 2005-2008

WIC status	Prepregnancy diabetes			Gestational diabetes			Prepregnancy hypertension			Gestational hypertension			Eclampsia			Previous preterm birth		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Yes	456	56535	8.1	2193	56535	38.8	493	56535	8.7	2076	56535	36.7	92	56535	1.6	1903	56535	33.7
No	640	99981	6.4	3457	99981	34.6	1072	99981	10.7	3767	99981	37.7	254	99981	2.5	2545	99981	25.5
Unknown	68	7755	8.8	326	7755	42.0	78	7755	10.1	282	7755	36.4	20	7755	2.6	227	7755	29.3
Total	1164	164271	7.1	5976	164271	36.4	1643	164271	10.0	6125	164271	37.3	366	164271	2.2	4675	164271	28.5

Prematurity	2005-2008			2005-2008			2005-2008			2005-2008			2005-2008			2005-2008		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Under 32 weeks (very premature)	58	2531	22.9	74	2531	29.2	61	2531	24.1	236	2531	93.2	37	2531	14.6	300	2531	118.5
32-36 weeks (moderately and late premature)	249	12801	19.5	712	12801	55.6	310	12801	24.2	1296	12801	101.2	118	12801	9.2	1141	12801	89.1
<37 weeks (Preterm)	307	15332	20.0	786	15332	51.3	371	15332	24.2	1532	15332	99.9	155	15332	10.1	1441	15332	94.0
37-41 weeks (Normal)	851	147287	5.8	5146	147287	34.9	1262	147287	8.6	4548	147287	30.9	210	147287	1.4	3189	147287	21.7
Over 42 weeks (Over due)	2	1012	***	20	1012	19.8	7	1012	***	17	1012	16.8	1	1012	***	15	1012	14.8
Unknown	4	640	***	24	640	37.5	3	640	***	28	640	43.8	0	640	***	30	640	46.9
Total	1164	164271	7.1	5976	164271	36.4	1643	164271	10.0	6125	164271	37.3	366	164271	2.2	4675	164271	28.5

Birthweight group	2005-2008			2005-2008			2005-2008			2005-2008			2005-2008			2005-2008		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Under 1500 grams (VLBW: very low birth weight)	43	2208	19.5	48	2208	21.7	59	2208	26.7	268	2208	121.4	39	2208	17.7	265	2208	120.0
1500-2499 grams	110	9568	11.5	436	9568	45.6	227	9568	23.7	985	9568	102.9	99	9568	10.3	714	9568	74.6
<2500 grams (LBW: low birth weight)	153	11776	13.0	484	11776	41.1	286	11776	24.3	1253	11776	106.4	138	11776	11.7	979	11776	83.1
2500 grams and over (Normal)	1009	152471	6.6	5491	152471	36.0	1357	152471	8.9	4872	152471	32.0	228	152471	1.5	3694	152471	24.2
Unknown	2	24	***	1	24	***	0	24	***	0	24	***	0	24	***	2	24	***
Total	1164	164271	7.1	5976	164271	36.4	1643	164271	10.0	6125	164271	37.3	366	164271	2.2	4675	164271	28.5

Plurality	2005-2008			2005-2008			2005-2008			2005-2008			2005-2008			2005-2008		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Single	1114	159170	7.0	5717	159170	35.9	1561	159170	9.8	5686	159170	35.7	340	159170	2.1	4484	159170	28.2
Multiple	50	5063	9.9	256	5063	50.6	82	5063	16.2	439	5063	86.7	26	5063	5.1	190	5063	37.5
Unknown	0	38	***	3	38	***	0	38	***	0	38	***	0	38	***	1	38	***
Total	1164	164271	7.1	5976	164271	36.4	1643	164271	10.0	6125	164271	37.3	366	164271	2.2	4675	164271	28.5



Numerator and Rate* of Live Births to Mothers with Selected Pre-Existing Risk Factors**

Kansas Resident Births, 2005-2008

WIC status	Other previous poor outcome			Vaginal bleeding prior to labor			Previous cesarean			Alcohol use during pregnancy		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Yes	942	56535	16.7	782	56535	13.8	6841	56535	121.0	217	56535	3.8
No	1616	99981	16.2	1275	99981	12.8	11656	99981	116.6	204	99981	2.0
Unknown	116	7755	15.0	95	7755	12.3	850	7755	109.6	36	7755	4.6
Total	2674	164271	16.3	2152	164271	13.1	19347	164271	117.8	457	164271	2.8

Prematurity	2005-2008			2005-2008			2005-2008			2005-2008		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Under 32 weeks (very premature)	70	2531	27.7	155	2531	61.2	280	2531	110.6	17	2531	6.7
32-36 weeks (moderately and late premature)	352	12801	27.5	415	12801	32.4	1699	12801	132.7	63	12801	4.9
<37 weeks (Preterm)	422	15332	27.5	570	15332	37.2	1979	15332	129.1	80	15332	5.2
37-41 weeks (Normal)	2236	147287	15.2	1566	147287	10.6	17210	147287	116.8	366	147287	2.5
Over 42 weeks (Over due)	8	1012	***	8	1012	***	72	1012	71.1	5	1012	***
Unknown	8	640	***	8	640	***	86	640	134.4	6	640	***
Total	2674	164271	16.3	2152	164271	13.1	19347	164271	117.8	457	164271	2.8

Birthweight group	2005-2008			2005-2008			2005-2008			2005-2008		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Under 1500 grams (VLBW: very low birth weight)	68	2208	30.8	142	2208	64.3	230	2208	104.2	21	2208	9.5
1500-2499 grams	259	9568	27.1	280	9568	29.3	1100	9568	115.0	56	9568	5.9
<2500 grams (LBW: low birth weight)	327	11776	27.8	422	11776	35.8	1330	11776	112.9	77	11776	6.5
2500 grams and over (Normal)	2346	152471	15.4	1730	152471	11.3	18015	152471	118.2	380	152471	2.5
Unknown	1	24	***	0	24	***	2	24	***	0	24	***
Total	2674	164271	16.3	2152	164271	13.1	19347	164271	117.8	457	164271	2.8

Plurality	2005-2008			2005-2008			2005-2008			2005-2008		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Single	2579	159170	16.2	2063	159170	13.0	18728	159170	117.7	443	159170	2.8
Multiple	95	5063	18.8	89	5063	17.6	619	5063	122.3	13	5063	2.6
Unknown	0	38	***	0	38	***	0	38	***	1	38	***
Total	2674	164271	16.3	2152	164271	13.1	19347	164271	117.8	457	164271	2.8

Source: Bureau of Public Health Informatics, KDHE
 Prepared by: Bureau of Family Health, KDHE
 *per 1,000 live births
 **Unknown/not stated were excluded from the denominator.
 ***Numerator too small to calculate rate
Numerator = Risk factor reported; **Denominator** = Live births in each category

Prepregnancy diabetes	Gestational diabetes			Pregpregnancy hypertension			Gestational hypertension			Eclampsia		
	2005-2008			2005-2008			2005-2008			2005-2008		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Yes	2	1164	***	105	1164	90.2	114	1164	97.9	25	1164	21.5
No	5974	163107	36.6	1538	163107	9.4	6011	163107	36.9	341	163107	2.1
Total	5976	164271	36.4	1643	164271	10.0	6125	164271	37.3	366	164271	2.2

Gestational diabetes	Prepregnancy diabetes		
	Numerator	Denominator	Rate
Yes	2	5976	***
No	1162	158295	7.3
Total	1164	164271	7.1

Prepregnancy hypertension	Gestational hypertension			Eclampsia					
	Numerator	Denominator	Rate	Numerator	Denominator	Rate			
Yes	208	5976	34.8	485	5976	81.2	11	5976	1.8
No	1435	158295	9.1	5640	158295	35.6	355	158295	2.2
Total	1643	164271	10.0	6125	164271	37.3	366	164271	2.2

Prepregnancy hypertension	Prepregnancy diabetes			Gestational diabetes		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Yes	105	1643	63.9	208	1643	126.6
No	1059	162628	6.5	5768	162628	35.5
Total	1164	164271	7.1	5976	164271	36.4

Gestational hypertension	Eclampsia		
	Numerator	Denominator	Rate
Yes	4	1643	***
No	6121	162628	37.6
Total	6125	164271	37.3

Gestational hypertension	Prepregnancy diabetes			Gestational diabetes			Pregpregnancy hypertension		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Yes	114	6125	18.6	485	6125	79.2	4	6125	***
No	1050	158146	6.6	5491	158146	34.7	1639	158146	10.4
Total	1164	164271	7.1	5976	164271	36.4	1643	164271	10.0

Eclampsia	2005-2008		
	Numerator	Denominator	Rate
Yes	48	6125	7.8
No	318	158146	2.0
Total	366	164271	2.2

Eclampsia	Prepregnancy diabetes			Gestational diabetes			Pregpregnancy hypertension			Gestational hypertension		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Yes	25	366	68.3	11	366	30.1	107	366	292.3	48	366	131.1
No	1139	163905	6.9	5965	163905	36.4	1536	163905	9.4	6077	163905	37.1
Total	1164	164271	7.1	5976	164271	36.4	1643	164271	10.0	6125	164271	37.3



Source: Bureau of Public Health Informatics, KDHE
 Prepared by: Bureau of Family Health, KDHE
 *per 1,000 live births
 **Unknown/not stated were excluded from the denominator.
 ***Numerator too small to calculate rate
Numerator = Risk factor reported; **Denominator** = Live births in each category

	Previous preterm birth			Other previous poor outcome			Vaginal bleeding prior to labor			Previous cesarean			Alcohol use during pregnancy		
	2005-2008			2005-2008			2005-2008			2005-2008			2005-2008		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Prepregnancy diabetes															
Yes	85	1164	73.0	38	1164	32.6	12	1164	10.3	235	1164	201.9	6	1164	***
No	4590	163107	28.1	2636	163107	16.2	2140	163107	13.1	19112	163107	117.2	451	163107	2.8
Total	4675	164271	28.5	2674	164271	16.3	2152	164271	13.1	19347	164271	117.8	457	164271	2.8

	Previous preterm birth			Other previous poor outcome			Vaginal bleeding prior to labor			Previous cesarean			Alcohol use during pregnancy		
	2005-2008			2005-2008			2005-2008			2005-2008			2005-2008		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Gestational diabetes															
Yes	261	5976	43.7	151	5976	25.3	102	5976	17.1	993	5976	166.2	17	5976	2.8
No	4414	158295	27.9	2523	158295	15.9	2050	158295	13.0	18354	158295	115.9	440	158295	2.8
Total	4675	164271	28.5	2674	164271	16.3	2152	164271	13.1	19347	164271	117.8	457	164271	2.8

	Previous preterm birth			Other previous poor outcome			Vaginal bleeding prior to labor			Previous cesarean			Alcohol use during pregnancy		
	2005-2008			2005-2008			2005-2008			2005-2008			2005-2008		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Prepregnancy hypertension															
Yes	105	1643	63.9	49	1643	29.8	25	1643	15.2	283	1643	172.2	4	1643	***
No	4570	162628	28.1	2625	162628	16.1	2127	162628	13.1	19064	162628	117.2	453	162628	2.8
Total	4675	164271	28.5	2674	164271	16.3	2152	164271	13.1	19347	164271	117.8	457	164271	2.8

	Previous preterm birth			Other previous poor outcome			Vaginal bleeding prior to labor			Previous cesarean			Alcohol use during pregnancy		
	2005-2008			2005-2008			2005-2008			2005-2008			2005-2008		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Gestational hypertension															
Yes	258	6125	42.1	101	6125	16.5	89	6125	14.5	617	6125	100.7	12	6125	2.0
No	4417	158146	27.9	2573	158146	16.3	2063	158146	13.0	18730	158146	118.4	445	158146	2.8
Total	4675	164271	28.5	2674	164271	16.3	2152	164271	13.1	19347	164271	117.8	457	164271	2.8

	Previous preterm birth			Other previous poor outcome			Vaginal bleeding prior to labor			Previous cesarean			Alcohol use during pregnancy		
	2005-2008			2005-2008			2005-2008			2005-2008			2005-2008		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Eclampsia															
Yes	10	366	27.3	4	366	***	3	366	***	16	366	43.7	0	366	***
No	4665	163905	28.5	2670	163905	16.3	2149	163905	13.1	19331	163905	117.9	457	163905	2.8
Total	4675	164271	28.5	2674	164271	16.3	2152	164271	13.1	19347	164271	117.8	457	164271	2.8

	Prepregnancy diabetes			Gestational diabetes			Prepregnancy hypertension			Gestational hypertension			Eclampsia		
	2005-2008			2005-2008			2005-2008			2005-2008			2005-2008		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Previous preterm birth															
Yes	85	4675	18.2	261	4675	55.8	105	4675	22.5	258	4675	55.2	10	4675	2.1
No	1079	159596	6.8	5715	159596	35.8	1538	159596	9.6	5867	159596	36.8	356	159596	2.2
Total	1164	164271	7.1	5976	164271	36.4	1643	164271	10.0	6125	164271	37.3	366	164271	2.2

	Prepregnancy diabetes			Gestational diabetes			Prepregnancy hypertension			Gestational hypertension			Eclampsia		
	2005-2008			2005-2008			2005-2008			2005-2008			2005-2008		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Other previous poor outcome															
Yes	38	2674	14.2	151	2674	56.5	49	2674	18.3	101	2674	37.8	4	2674	***
No	1126	161597	7.0	5825	161597	36.0	1594	161597	9.9	6024	161597	37.3	362	161597	2.2
Total	1164	164271	7.1	5976	164271	36.4	1643	164271	10.0	6125	164271	37.3	366	164271	2.2

	Prepregnancy diabetes			Gestational diabetes			Prepregnancy hypertension			Gestational hypertension			Eclampsia		
	2005-2008			2005-2008			2005-2008			2005-2008			2005-2008		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Vaginal bleeding prior to labor															
Yes	12	2152	5.6	102	2152	47.4	25	2152	11.6	89	2152	41.4	3	2152	***
No	1152	162119	7.1	5874	162119	36.2	1618	162119	10.0	6036	162119	37.2	363	162119	2.2
Total	1164	164271	7.1	5976	164271	36.4	1643	164271	10.0	6125	164271	37.3	366	164271	2.2

	Prepregnancy diabetes			Gestational diabetes			Prepregnancy hypertension			Gestational hypertension			Eclampsia		
	2005-2008			2005-2008			2005-2008			2005-2008			2005-2008		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Previous cesarean															
Yes	235	19347	12.1	993	19347	51.3	283	19347	14.6	617	19347	31.9	16	19347	0.8
No	929	144924	6.4	4983	144924	34.4	1360	144924	9.4	5508	144924	38.0	350	144924	2.4
Total	1164	164271	7.1	5976	164271	36.4	1643	164271	10.0	6125	164271	37.3	366	164271	2.2

	Prepregnancy diabetes			Gestational diabetes			Prepregnancy hypertension			Gestational hypertension			Eclampsia		
	2005-2008			2005-2008			2005-2008			2005-2008			2005-2008		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Alcohol use during pregnancy															
Yes	6	457	***	17	457	37.2	4	457	***	12	457	26.3	0	457	***
No	1158	163814	7.1	5959	163814	36.4	1639	163814	10.0	6113	163814	37.3	366	163814	2.2
Total	1164	164271	7.1	5976	164271	36.4	1643	164271	10.0	6125	164271	37.3	366	164271	2.2

Previous preterm birth	Other previous poor outcome			Vaginal bleeding prior to labor			Previous cesarean			Alcohol use during pregnancy		
	2005-2008			2005-2008			2005-2008			2005-2008		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Yes	430	4675	92.0	150	4675	32.1	1294	4675	276.8	29	4675	6.2
No	2244	159596	14.1	2002	159596	12.5	18053	159596	113.1	428	159596	2.7
Total	2674	164271	16.3	2152	164271	13.1	19347	164271	117.8	457	164271	2.8

Other previous poor outcome	Previous preterm birth		
	Numerator	Denominator	Rate
Yes	430	2674	160.8
No	4245	161597	26.3
Total	4675	164271	28.5

Vaginal bleeding prior to labor	Previous cesarean			Alcohol use during pregnancy					
	2005-2008			2005-2008			2005-2008		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Yes	97	2674	36.3	511	2674	191.1	15	2674	5.6
No	2055	161597	12.7	18836	161597	116.6	442	161597	2.7
Total	2152	164271	13.1	19347	164271	117.8	457	164271	2.8

Vaginal bleeding prior to labor	Previous preterm birth			Other previous poor outcome		
	2005-2008			2005-2008		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Yes	150	2152	69.7	97	2152	45.1
No	4525	162119	27.9	2577	162119	15.9
Total	4675	164271	28.5	2674	164271	16.3

Previous cesarean	Alcohol use during pregnancy					
	2005-2008			2005-2008		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Yes	267	2152	124.1	16	2152	7.4
No	19080	162119	117.7	441	162119	2.7
Total	19347	164271	117.8	457	164271	2.8

Previous cesarean	Previous preterm birth			Other previous poor outcome			Vaginal bleeding prior to labor		
	2005-2008			2005-2008			2005-2008		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Yes	1294	19347	66.9	511	19347	26.4	267	19347	13.8
No	3381	144924	23.3	2163	144924	14.9	1885	144924	13.0
Total	4675	164271	28.5	2674	164271	16.3	2152	164271	13.1

Alcohol use during pregnancy	2005-2008		
	Numerator	Denominator	Rate
	Yes	49	19347
No	408	144924	2.8
Total	457	164271	2.8

Alcohol use during pregnancy	Previous preterm birth			Other previous poor outcome			Vaginal bleeding prior to labor			Previous cesarean		
	2005-2008			2005-2008			2005-2008			2005-2008		
	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate	Numerator	Denominator	Rate
Yes	29	457	63.5	15	457	32.8	16	457	35.0	49	457	107.2
No	4646	163814	28.4	2659	163814	16.2	2136	163814	13.0	19298	163814	117.8
Total	4675	164271	28.5	2674	164271	16.3	2152	164271	13.1	19347	164271	117.8



Preg 9: Principal source of payment for the delivery
Kansas Resident Births, 2005-2008

Source: Bureau of Public Health Informatics, KDHE
 Prepared by: Bureau of Family Health, KDHE
 **Number too small to calculate percent

Principal source of payment for the delivery	2005-2008	
	Number	%
Medicaid	42206	25.7
Private/employer insurance	83890	51.0
Self-pay	11729	7.1
Indian Health Service	178	0.1
CHAMPUS/TRICARE	6456	3.9
Other government	8295	5.0
Other	3142	1.9
Unknown	8467	5.2
Total	164363	100.0

Mother's age-group	Medicaid		Private/employer insurance		Self-pay		Indian Health Service		CHAMPUS/TRICARE		Other government		Other		Unknown		Total	
	2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
<20	8958	21.2	3356	4.0	1377	11.7	24	13.5	511	7.9	1490	18.0	443	14.1	806	9.5	16965	10.3
20-34	31524	74.7	68062	81.1	8995	76.7	143	80.3	5402	83.7	6431	77.5	2435	77.5	6397	75.6	129389	78.7
35 & over	1718	4.1	12470	14.9	1357	11.6	11	6.2	543	8.4	373	4.5	263	8.4	1244	14.7	17979	10.9
Unknown	6	**	2	**	0	0.0	0	0.0	0	0.0	1	**	1	**	20	0.2	30	0.0
Total	42206	100.0	83890	100.0	11729	100.0	178	100.0	6456	100.0	8295	100.0	3142	100.0	8467	100.0	164363	100.0

Mother's race/ethnicity	2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
	White, non-Hispanic	27626	65.5	69615	83.0	3894	33.2	63	35.4	4810	74.5	5141	62.0	1370	43.6	5809	68.6	118328
Black, non-Hispanic	5412	12.8	2578	3.1	395	3.4	3	1.7	602	9.3	1309	15.8	273	8.7	691	8.2	11263	6.9
Other, non-Hispanic	1988	4.7	7038	8.4	497	4.2	90	50.6	393	6.1	406	4.9	178	5.7	364	4.3	8544	5.2
Hispanic	7152	16.9	4628	5.5	6933	59.1	22	12.4	647	10.0	1438	17.3	1319	42.0	1549	18.3	26098	15.9
Unknown	28	0.1	31	0.0	10	0.1	0	0.0	4	**	1	**	2	**	54	0.6	130	0.1
Total	42206	100.0	83890	100.0	11729	100.0	178	100.0	6456	100.0	8295	100.0	3142	100.0	8467	100.0	164363	100.0

Metropolitan***	2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
	Metropolitan	21570	51.1	55483	66.1	7176	61.2	84	47.2	2504	38.8	6896	83.1	1921	61.1	4781	56.5	100415
Non-Metropolitan	20636	48.9	28407	33.9	4553	38.8	94	52.8	3952	61.2	1399	16.9	1221	38.9	3686	43.5	63948	38.9
Total	42206	100.0	83890	100.0	11729	100.0	178	100.0	6456	100.0	8295	100.0	3142	100.0	8467	100.0	164363	100.0

***Butler, Douglas, Harvey, Johnson, Leavenworth, Miami, Sedgwick, Shawnee, and Wyandotte

Mother's Foreign-born status	2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
	US-born	38791	91.9	75081	89.5	4550	38.8	169	94.9	5773	89.4	7496	90.4	1784	56.8	6813	80.5	140457
Foreign-born	3411	8.1	8802	10.5	7179	61.2	9	5.1	683	10.6	799	9.6	1357	43.2	1582	18.7	23820	14.5
Unknown	4	**	7	**	2	**	0	0.0	0	0.0	0	0.0	1	**	72	0.9	86	0.1
Total	42206	100.0	83890	100.0	11729	100.0	178	100.0	6456	100.0	8295	100.0	3142	100.0	8467	100.0	164363	100.0

	Medicaid		Private/employer insurance		Self-pay		Indian Health Service		CHAMPUS/ TRICARE		Other government		Other		Unknown		Total	
	2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008	
Mother's education	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
8th grad or less	1543	3.7	1315	1.6	2722	23.2	2	**	17	0.3	313	3.8	393	12.5	473	5.6	6778	4.1
Some HS, no diploma	11653	27.6	3917	4.7	3415	29.1	25	14.0	382	5.9	2319	28.0	831	26.4	1059	12.5	23601	14.4
HS grad or GED	15832	37.5	13534	16.1	2679	22.8	48	27.0	1724	26.7	3262	39.3	875	27.8	1794	21.2	39748	24.2
Some college, no degree	10123	24.0	18823	22.4	1437	12.3	66	37.1	2339	36.2	1801	21.7	462	14.7	1468	17.3	36519	22.2
Associate degree	1612	3.8	7735	9.2	378	3.2	18	10.1	496	7.7	248	3.0	185	5.9	503	5.9	11175	6.8
Bachelor's degree	1129	2.7	27388	32.6	787	6.7	15	8.4	1105	17.1	280	3.4	293	9.3	1088	12.8	32085	19.5
Master's degree	137	0.3	8831	10.5	141	1.2	3	**	334	5.2	41	0.5	63	2.0	583	6.9	10133	6.2
Doctorate or professional	22	0.1	2142	2.6	40	0.3	0	0.0	49	0.8	5	**	25	0.8	75	0.9	2358	1.4
Unknown	155	0.4	205	0.2	130	1.1	1	**	10	0.2	26	0.3	15	0.5	1424	16.8	1966	1.2
Total	42206	100.0	83890	100.0	11729	100.0	178	100.0	6456	100.0	8295	100.0	3142	100.0	8467	100.0	164363	100.0

Mother's education	2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
< High school	13196	31.3	5232	6.2	6137	52.3	27	15.2	399	6.2	2632	31.7	1224	39.0	1532	18.1	30379	18.5
≥ High school	28855	68.4	78453	93.5	5462	46.6	150	84.3	6047	93.7	5637	68.0	1903	60.6	5511	65.1	132018	80.3
Unknown	155	0.4	205	0.2	130	1.1	1	**	10	0.2	26	0.3	15	0.5	1424	16.8	1966	1.2
Total	42206	100.0	83890	100.0	11729	100.0	178	100.0	6456	100.0	8295	100.0	3142	100.0	8467	100.0	164363	100.0

Mother's marital status	2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Yes	12455	29.5	71128	84.8	6262	53.4	95	53.4	5856	90.7	2519	30.4	1499	47.7	5529	65.3	105343	64.1
No	29710	70.4	12739	15.2	5465	46.6	82	46.1	599	9.3	5772	69.6	1641	52.2	2866	33.8	58874	35.8
Unknown	41	0.1	23	0.0	2	**	1	**	1	**	4	**	2	**	72	0.9	146	0.1
Total	42206	100.0	83890	100.0	11729	100.0	178	100.0	6456	100.0	8295	100.0	3142	100.0	8467	100.0	164363	100.0

WIC status	2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Yes	28876	68.4	9923	11.8	6165	52.6	87	48.9	2022	31.3	5147	62.0	1829	58.2	2486	29.4	56535	34.4
No	11232	26.6	71364	85.1	4498	38.3	85	47.8	4313	66.8	2868	34.6	1168	37.2	4453	52.6	99981	60.8
Unknown	2098	5.0	2603	3.1	1066	9.1	6	**	121	1.9	280	3.4	145	4.6	1528	18.0	7847	4.8
Total	42206	100.0	83890	100.0	11729	100.0	178	100.0	6456	100.0	8295	100.0	3142	100.0	8467	100.0	164363	100.0

Prenatal care began	2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
First trimester	24678	58.5	70976	84.6	5463	46.6	106	59.6	5111	79.2	4761	57.4	1586	50.5	1058	12.5	113739	69.2
Second trimester	12578	29.8	10141	12.1	4077	34.8	54	30.3	1037	16.1	2617	31.5	897	28.5	599	7.1	32000	19.5
Third trimester	2797	6.6	1142	1.4	1111	9.5	10	5.6	175	2.7	461	5.6	202	6.4	167	2.0	6065	3.7
None	538	1.3	205	0.2	537	4.6	4	**	20	0.3	69	0.8	63	2.0	296	3.5	1732	1.1
Unknown	1615	3.8	1426	1.7	541	4.6	4	**	113	1.8	387	4.7	394	12.5	6347	75.0	10827	6.6
Total	42206	100.0	83890	100.0	11729	100.0	178	100.0	6456	100.0	8295	100.0	3142	100.0	8467	100.0	164363	100.0

APNCU	2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Inadequate	9862	23.4	5118	6.1	3879	33.1	47	26.4	647	10.0	1812	21.8	739	23.5	755	8.9	22859	13.9
Intermediate	3130	7.4	4397	5.2	1122	9.6	16	9.0	742	11.5	347	4.2	329	10.5	196	2.3	10279	6.3
Adequate	14392	34.1	42065	50.1	4097	34.9	59	33.1	3348	51.9	4096	49.4	1000	31.8	636	7.5	69693	42.4
Adequate plus	12423	29.4	30015	35.8	1862	15.9	51	28.7	1548	24.0	1469	17.7	615	19.6	385	4.5	48368	29.4
Unknown	2399	5.7	2295	2.7	769	6.6	5	**	171	2.6	571	6.9	459	14.6	6495	76.7	13164	8.0
Total	42206	100.0	83890	100.0	11729	100.0	178	100.0	6456	100.0	8295	100.0	3142	100.0	8467	100.0	164363	100.0

	Medicaid		Private/employer insurance		Self-pay		Indian Health Service		CHAMPUS/ TRICARE		Other government		Other		Unknown		Total	
	2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Prematurity	669	1.6	1061	1.3	183	1.6	2	**	97	1.5	188	2.3	34	1.1	299	3.5	2533	1.5
Under 32 weeks (very premature)	669	1.6	1061	1.3	183	1.6	2	**	97	1.5	188	2.3	34	1.1	299	3.5	2533	1.5
32-36 weeks (moderately and late premature)	3655	8.7	6219	7.4	756	6.4	14	7.9	443	6.9	726	8.8	225	7.2	778	9.2	12816	7.8
<37 weeks (Preterm)	4324	10.2	7280	8.7	939	8.0	16	9.0	540	8.4	914	11.0	259	8.2	1077	12.7	15349	9.3
37-41 weeks (Normal)	37484	88.8	75988	90.6	10512	89.6	162	91.0	5875	91.0	7272	87.7	2850	90.7	7213	85.2	147356	89.7
Over 42 weeks (Over due)	223	0.5	434	0.5	163	1.4	0	0.0	34	0.5	72	0.9	26	0.8	61	0.7	1013	0.6
Unknown	175	0.4	188	0.2	115	1.0	0	0.0	7	**	37	0.4	7	**	116	1.4	645	0.4
Total	42206	100.0	83890	100.0	11729	100.0	178	100.0	6456	100.0	8295	100.0	3142	100.0	8467	100.0	164363	100.0

Birthweight group	2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Under 1500 grams (VLBW: very low birth weight)	615	1.5	907	1.1	159	1.4	1	**	75	1.2	162	2.0	28	0.9	263	3.1	2210	1.3
1500-2499 grams	3061	7.3	4122	4.9	629	5.4	9	**	330	5.1	672	8.1	144	4.6	613	7.2	9580	5.8
<2500 grams (LBW: low birth weight)	3676	8.7	5029	6.0	788	6.7	10	5.6	405	6.3	834	10.1	172	5.5	876	10.3	11790	7.2
2500 grams and over (Normal)	38529	91.3	78851	94.0	10938	93.3	168	94.4	6050	93.7	7461	89.9	2969	94.5	7581	89.5	152547	92.8
Unknown	1	**	10	0.0	3	**	0	0.0	1	**	0	0.0	1	**	10	0.1	26	0.0
Total	42206	100.0	83890	100.0	11729	100.0	178	100.0	6456	100.0	8295	100.0	3142	100.0	8467	100.0	164363	100.0

Plurality	2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Single	41167	97.5	80869	96.4	11537	98.4	176	98.9	6292	97.5	8058	97.1	3076	97.9	8070	95.3	159245	96.9
Multiple	1033	2.4	3015	3.6	189	1.6	2	**	164	2.5	236	2.8	60	1.9	375	4.4	5074	3.1
Unknown	6	**	6	**	3	**	0	0.0	0	0.0	1	**	6	**	22	0.3	44	0.0
Total	42206	100.0	83890	100.0	11729	100.0	178	100.0	0	0.0	8295	100.0	3142	100.0	8467	100.0	164363	100.0

Pregnancy diabetes	2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Yes	297	0.7	490	0.6	65	0.6	2	**	23	0.4	60	0.7	19	0.6	208	2.5	1164	0.7
No	41909	99.3	83400	99.4	11664	99.4	176	98.9	6433	99.6	8235	99.3	3123	99.4	8167	96.5	163107	99.2
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	92	1.1	92	0.1
Total	42206	100.0	83890	100.0	11729	100.0	178	100.0	6456	100.0	8295	100.0	3142	100.0	8467	100.0	164363	100.0

Gestational diabetes	2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Yes	1390	3.3	3364	4.0	583	5.0	16	9.0	129	2.0	265	3.2	127	4.0	102	1.2	5976	3.6
No	40816	96.7	80526	96.0	11146	95.0	162	91.0	6327	98.0	8030	96.8	3015	96.0	8273	97.7	158295	96.3
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	92	1.1	92	0.1
Total	42206	100.0	83890	100.0	11729	100.0	178	100.0	6456	100.0	8295	100.0	3142	100.0	8467	100.0	164363	100.0

Pregnancy hypertension	2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Yes	344	0.8	905	1.1	85	0.7	4	**	48	0.7	68	0.8	11	0.4	178	2.1	1643	1.0
No	41862	99.2	82985	98.9	11644	99.3	174	97.8	6408	99.3	8227	99.2	3131	99.6	8197	96.8	162628	98.9
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	92	1.1	92	0.1
Total	42206	100.0	83890	100.0	11729	100.0	178	100.0	6456	100.0	8295	100.0	3142	100.0	8467	100.0	164363	100.0

Gestational hypertension	2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Yes	1593	3.8	3455	4.1	348	3.0	6	**	149	2.3	358	4.3	79	2.5	137	1.6	6125	3.7
No	40613	96.2	80435	95.9	11381	97.0	172	96.6	6307	97.7	7937	95.7	3063	97.5	8238	97.3	158146	96.2
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	92	1.1	92	0.1
Total	42206	100.0	83890	100.0	11729	100.0	178	100.0	6456	100.0	8295	100.0	3142	100.0	8467	100.0	164363	100.0

	Medicaid		Private/employer insurance		Self-pay		Indian Health Service		CHAMPUS/TRICARE		Other government		Other		Unknown		Total	
Eclampsia	2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Yes	46	0.1	77	0.1	8	**	1	**	37	0.6	8	**	3	**	186	2.2	366	0.2
No	42160	99.9	83813	99.9	11721	99.9	177	99.4	6419	99.4	8287	99.9	3139	99.9	8189	96.7	163905	99.7
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	92	1.1	92	0.1
Total	42206	100.0	83890	100.0	11729	100.0	178	100.0	6456	100.0	8295	100.0	3142	100.0	8467	100.0	164363	100.0

Previous preterm birth	2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Yes	1488	3.5	1989	2.4	352	3.0	3	**	146	2.3	481	5.8	60	1.9	156	1.8	4675	2.8
No	40718	96.5	81901	97.6	11377	97.0	175	98.3	6310	97.7	7814	94.2	3082	98.1	8219	97.1	159596	97.1
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	92	1.1	92	0.1
Total	42206	100.0	83890	100.0	11729	100.0	178	100.0	6456	100.0	8295	100.0	3142	100.0	8467	100.0	164363	100.0

Other previous poor outcome	2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Yes	903	2.1	1395	1.7	144	1.2	1	**	62	1.0	76	0.9	28	0.9	65	0.8	2674	1.6
No	41303	97.9	82495	98.3	11585	98.8	177	99.4	6394	99.0	8219	99.1	3114	99.1	8310	98.1	161597	98.3
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	92	1.1	92	0.1
Total	42206	100.0	83890	100.0	11729	100.0	178	100.0	6456	100.0	8295	100.0	3142	100.0	8467	100.0	164363	100.0

Vaginal bleeding prior to labor	2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Yes	680	1.6	1144	1.4	116	1.0	3	**	50	0.8	88	1.1	37	1.2	34	0.4	2152	1.3
No	41526	98.4	82746	98.6	11613	99.0	175	98.3	6406	99.2	8207	98.9	3105	98.8	8341	98.5	162119	98.6
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	92	1.1	92	0.1
Total	42206	100.0	83890	100.0	11729	100.0	178	100.0	6456	100.0	8295	100.0	3142	100.0	8467	100.0	164363	100.0

Previous cesarean	2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Yes	5031	11.9	10343	12.3	1521	13.0	15	8.4	719	11.1	1159	14.0	268	8.5	291	3.4	19347	11.8
No	37175	88.1	73547	87.7	10208	87.0	163	91.6	5737	88.9	7136	86.0	2874	91.5	8084	95.5	144924	88.2
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	92	1.1	92	0.1
Total	42206	100.0	83890	100.0	11729	100.0	178	100.0	6456	100.0	8295	100.0	3142	100.0	8467	100.0	164363	100.0

Alcohol use during pregnancy	2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Yes	211	0.5	109	0.1	38	0.3	2	**	13	0.2	58	0.7	9	**	17	0.2	457	0.3
No	41995	99.5	83781	99.9	11691	99.7	176	98.9	6443	99.8	8237	99.3	3133	99.7	8358	98.7	163814	99.7
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	92	1.1	92	0.1
Total	42206	100.0	83890	100.0	11729	100.0	178	100.0	6456	100.0	8295	100.0	3142	100.0	8467	100.0	164363	100.0

Tobacco use during pregnancy	2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Yes	14333	34.0	6484	7.7	1277	10.9	37	20.8	907	14.0	2480	29.9	391	12.4	780	9.2	26689	16.2
No	25750	61.0	74812	89.2	10223	87.2	123	69.1	5303	82.1	5640	68.0	2652	84.4	6568	77.6	131071	79.7
Unknown	2123	5.0	2594	3.1	229	2.0	18	10.1	246	3.8	175	2.1	99	3.2	1119	13.2	6603	4.0
Total	42206	100.0	83890	100.0	11729	100.0	178	100.0	6456	100.0	8295	100.0	3142	100.0	8467	100.0	164363	100.0

Source: Bureau of Public Health Informatics, KDHE
 Prepared by: Bureau of Family Health, KDHE
 **Number too small to calculate percent

Principal source of payment for the delivery	2005-2008	
	Number	%
Medicaid	42206	25.7
Private/employer insurance	83890	51.0
Self-pay	11729	7.1
Indian Health Service	178	0.1
CHAMPUS/TRICARE	6456	3.9
Other government	8295	5.0
Other	3142	1.9
Unknown	8467	5.2
Total	164363	100.0

Mother's age-group	Medicaid		Private/employer insurance		Self-pay		Indian Health Service		CHAMPUS/TRICARE		Other government		Other		Unknown		Total	
	2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
<20	8958	52.8	3356	19.8	1377	8.1	24	0.1	511	3.0	1490	8.8	443	2.6	806	4.8	16965	100.0
20-34	31524	24.4	68062	52.6	8995	7.0	143	0.1	5402	4.2	6431	5.0	2435	1.9	6397	4.9	129389	100.0
35 & over	1718	9.6	12470	69.4	1357	7.5	11	0.1	543	3.0	373	2.1	263	1.5	1244	6.9	17979	100.0
Unknown	6	**	2	**	0	**	0	**	0	**	1	**	1	**	20		30	
Total	42206	25.7	83890	51.0	11729	7.1	178	0.1	6456	3.9	8295	5.0	3142	1.9	8467	5.2	164363	100.0

Mother's race/ethnicity	2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
	White, non-Hispanic	27626	23.3	69615	58.8	3894	3.3	63	0.1	4810	4.1	5141	4.3	1370	1.2	5809	4.9	118328
Black, non-Hispanic	5412	48.1	2578	22.9	395	3.5	3	0.0	602	5.3	1309	11.6	273	2.4	691	6.1	11263	100.0
Other, non-Hispanic	1988	23.3	7038	82.4	497	5.8	90	1.1	393	4.6	406	4.8	178	2.1	364	4.3	8544	100.0
Hispanic	7152	27.4	4628	17.7	6933	26.6	22	0.1	647	2.5	1438	5.5	1319	5.1	1549	5.9	26098	100.0
Unknown	28		31		10		0	**	4	**	1	**	2	**	54		130	
Total	42206	25.7	83890	51.0	11729	7.1	178	0.1	6456	3.9	8295	5.0	3142	1.9	8467	5.2	164363	100.0

Metropolitan***	2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
	Metropolitan	21570	21.5	55483	55.3	7176	7.1	84	0.1	2504	2.5	6896	6.9	1921	1.9	4781	4.8	100415
Non-Metropolitan	20636	32.3	28407	44.4	4553	7.1	94	0.1	3952	6.2	1399	2.2	1221	1.9	3686	5.8	63948	100.0
Total	42206	25.7	83890	51.0	11729	7.1	178	0.1	6456	3.9	8295	5.0	3142	1.9	8467	5.2	164363	100.0

***Butler, Douglas, Harvey, Johnson, Leavenworth, Miami, Sedgwick, Shawnee, and Wyandotte

Mother's Foreign-born status	2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
	US-born	38791	27.6	75081	53.5	4550	3.2	169	0.1	5773	4.1	7496	5.3	1784	1.3	6813	4.9	140457
Foreign-born	3411	14.3	8802	37.0	7179	30.1	9	0.0	683	2.9	799	3.4	1357	5.7	1582	6.6	23820	100.0
Unknown	4	**	7	**	2	**	0	**	0	**	0	**	1	**	72		86	
Total	42206	25.7	83890	51.0	11729	7.1	178	0.1	6456	3.9	8295	5.0	3142	1.9	8467	5.2	164363	100.0

	Medicaid		Private/employer insurance		Self-pay		Indian Health Service		CHAMPUS/TRICARE		Other government		Other		Unknown		Total	
	2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Mother's education																		
8th grad or less	1543	22.8	1315	19.4	2722	40.2	2	0.0	17	0.3	313	4.6	393	5.8	473	7.0	6778	100.0
Some HS, no diploma	11653	49.4	3917	16.6	3415	14.5	25	0.1	382	1.6	2319	9.8	831	3.5	1059	4.5	23601	100.0
HS grad or GED	15832	39.8	13534	34.0	2679	6.7	48	0.1	1724	4.3	3262	8.2	875	2.2	1794	4.5	39748	100.0
Some college, no degree	10123	27.7	18823	51.5	1437	3.9	66	0.2	2339	6.4	1801	4.9	462	1.3	1468	4.0	36519	100.0
Associate degree	1612	14.4	7735	69.2	378	3.4	18	0.2	496	4.4	248	2.2	185	1.7	503	4.5	11175	100.0
Bachelor's degree	1129	3.5	27388	85.4	787	2.5	15	0.0	1105	3.4	280	0.9	293	0.9	1088	3.4	32085	100.0
Master's degree	137	1.4	8831	87.2	141	1.4	3	0.0	334	3.3	41	0.4	63	0.6	583	5.8	10133	100.0
Doctorate or professional	22	0.9	2142	90.8	40	1.7	0	0.0	49	2.1	5	0.2	25	1.1	75	3.2	2358	100.0
Unknown	155		205		130		1	**	10		26		15		1424		1966	
Total	42206	25.7	83890	51.0	11729	7.1	178	0.1	6456	3.9	8295	5.0	3142	1.9	8467	5.2	164363	100.0
Mother's education																		
< High school	13196	43.4	5232	17.2	6137	20.2	27	0.1	399	1.3	2632	8.7	1224	4.0	1532	5.0	30379	100.0
≥ High school	28855	21.9	78453	59.4	5462	4.1	150	0.1	6047	4.6	5637	4.3	1903	1.4	5511	4.2	132018	100.0
Unknown	155		205		130		1	**	10		26		15		1424		1966	
Total	42206	25.7	83890	51.0	11729	7.1	178	0.1	6456	3.9	8295	5.0	3142	1.9	8467	5.2	164363	100.0
Mother's marital status																		
Yes	12455	11.8	71128	67.5	6262	5.9	95	0.1	5856	5.6	2519	2.4	1499	1.4	5529	5.2	105343	100.0
No	29710	50.5	12739	21.6	5465	9.3	82	0.1	599	1.0	5772	9.8	1641	2.8	2866	4.9	58874	100.0
Unknown	41		23		2	**	1	**	1	**	4	**	2	**	72		146	
Total	42206	25.7	83890	51.0	11729	7.1	178	0.1	6456	3.9	8295	5.0	3142	1.9	8467	5.2	164363	100.0
WIC status																		
Yes	28876	51.1	9923	17.6	6165	10.9	87	0.2	2022	3.6	5147	9.1	1829	3.2	2486	4.4	56535	100.0
No	11232	11.2	71364	71.4	4498	4.5	85	0.1	4313	4.3	2868	2.9	1168	1.2	4453	4.5	99981	100.0
Unknown	2098		2603		1066		6	**	121		280		145		1528		7847	
Total	42206	25.7	83890	51.0	11729	7.1	178	0.1	6456	3.9	8295	5.0	3142	1.9	8467	5.2	164363	100.0
Prenatal care began																		
First trimester	24678	21.7	70976	62.4	5463	4.8	106	0.1	5111	4.5	4761	4.2	1586	1.4	1058	0.9	113739	100.0
Second trimester	12578	39.3	10141	31.7	4077	12.7	54	0.2	1037	3.2	2617	8.2	897	2.8	599	1.9	32000	100.0
Third trimester	2797	46.1	1142	18.8	1111	18.3	10	0.2	175	2.9	461	7.6	202	3.3	167	2.8	6065	100.0
None	538	31.1	205	11.8	537	31.0	4	**	20	1.2	69	4.0	63	3.6	296	17.1	1732	100.0
Unknown	1615	14.9	1426	13.2	541	5.0	4	**	113	1.0	387	3.6	394	3.6	6347	58.6	10827	100.0
Total	42206	25.7	83890	51.0	11729	7.1	178	0.1	6456	3.9	8295	5.0	3142	1.9	8467	5.2	164363	100.0
APNCU																		
Inadequate	9862	43.1	5118	22.4	3879	17.0	47	0.2	647	2.8	1812	7.9	739	3.2	755	3.3	22859	100.0
Intermediate	3130	30.5	4397	42.8	1122	10.9	16	0.2	742	7.2	347	3.4	329	3.2	196	1.9	10279	100.0
Adequate	14392	20.7	42065	60.4	4097	5.9	59	0.1	3348	4.8	4096	5.9	1000	1.4	636	0.9	69693	100.0
Adequate plus	12423	25.7	30015	62.1	1862	3.8	51	0.1	1548	3.2	1469	3.0	615	1.3	385	0.8	48368	100.0
Unknown	2399	18.2	2295	17.4	769	5.8	5	**	171	1.3	571	4.3	459	3.5	6495	49.3	13164	100.0
Total	42206	25.7	83890	51.0	11729	7.1	178	0.1	6456	3.9	8295	5.0	3142	1.9	8467	5.2	164363	100.0

	Medicaid		Private/employer insurance		Self-pay		Indian Health Service		CHAMPUS/TRICARE		Other government		Other		Unknown		Total	
	2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Prematurity	669	26.4	1061	41.9	183	7.2	2	**	97	3.8	188	7.4	34	1.3	299	11.8	2533	100.0
Under 32 weeks (very premature)	3655	28.5	6219	48.5	756	5.9	14	0.1	443	3.5	726	5.7	225	1.8	778	6.1	12816	100.0
32-36 weeks (moderately and late premature)	4324	28.2	7280	47.4	939	6.1	16	0.1	540	3.5	914	6.0	259	1.7	1077	7.0	15349	100.0
<37 weeks (Preterm)	37484	25.4	75988	51.6	10512	7.1	162	0.1	5875	4.0	7272	4.9	2850	1.9	7213	4.9	147356	100.0
37-41 weeks (Normal)	223	22.0	434	42.8	163	16.1	0	**	34	3.4	72	7.1	26	2.6	61	6.0	1013	100.0
Over 42 weeks (Over due)	175	27.1	188	29.1	115	17.8	0	**	7	**	37	5.7	7	**	116	18.0	645	100.0
Unknown	42206	25.7	83890	51.0	11729	7.1	178	0.1	6456	3.9	8295	5.0	3142	1.9	8467	5.2	164363	100.0
Total																		
Birthweight group	2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Under 1500 grams (VLBW: very low birth weight)	615	27.8	907	41.0	159	7.2	1	**	75	3.4	162	7.3	28	1.3	263	11.9	2210	100.0
1500-2499 grams	3061	32.0	4122	43.0	629	6.6	9	**	330	3.4	672	7.0	144	1.5	613	6.4	9580	100.0
<2500 grams (LBW: low birth weight)	3676	31.2	5029	42.7	788	6.7	10	0.1	405	3.4	834	7.1	172	1.5	876	7.4	11790	100.0
2500 grams and over (Normal)	38529	25.3	78851	51.7	10938	7.2	168	0.1	6050	4.0	7461	4.9	2969	1.9	7581	5.0	152547	100.0
Unknown	1	**	10	**	3	**	0	**	1	**	0	**	1	**	10	**	26	**
Total	42206	25.7	83890	51.0	11729	7.1	178	0.1	6456	3.9	8295	5.0	3142	1.9	8467	5.2	164363	100.0
Plurality	2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Single	41167	25.9	80869	50.8	11537	7.2	176	0.1	6292	4.0	8058	5.1	3076	1.9	8070	5.1	159245	100.0
Multiple	1033	20.4	3015	59.4	189	3.7	2	**	164	3.2	236	4.7	60	1.2	375	7.4	5074	100.0
Unknown	6	**	6	**	3	**	0	**	0	**	1	**	6	**	22	**	44	**
Total	42206	25.7	83890	51.0	11729	7.1	178	0.1	6456	3.9	8295	5.0	3142	1.9	8467	5.2	164363	100.0
Prepregnancy diabetes	2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Yes	297	25.5	490	42.1	65	5.6	2	0.2	23	2.0	60	5.2	19	1.6	208	17.9	1164	100.0
No	41909	25.7	83400	51.1	11664	7.2	176	0.1	6433	3.9	8235	5.0	3123	1.9	8167	5.0	163107	100.0
Unknown	0	**	0	**	0	**	0	**	0	**	0	**	0	**	92	**	92	**
Total	42206	25.7	83890	51.0	11729	7.1	178	0.1	6456	3.9	8295	5.0	3142	1.9	8467	5.2	164363	100.0
Gestational diabetes	2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Yes	1390	23.3	3364	56.3	583	9.8	16	0.3	129	2.2	265	4.4	127	2.1	102	1.7	5976	100.0
No	40816	25.8	80526	50.9	11146	7.0	162	0.1	6327	4.0	8030	5.1	3015	1.9	8273	5.2	158295	100.0
Unknown	0	**	0	**	0	**	0	**	0	**	0	**	0	**	92	**	92	**
Total	42206	25.7	83890	51.0	11729	7.1	178	0.1	6456	3.9	8295	5.0	3142	1.9	8467	5.2	164363	100.0
Prepregnancy hypertension	2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Yes	344	20.9	905	55.1	85	5.2	4	0.2	48	2.9	68	4.1	11	0.7	178	10.8	1643	100.0
No	41862	25.7	82985	51.0	11644	7.2	174	0.1	6408	3.9	8227	5.1	3131	1.9	8197	5.0	162628	100.0
Unknown	0	**	0	**	0	**	0	**	0	**	0	**	0	**	92	**	92	**
Total	42206	25.7	83890	51.0	11729	7.1	178	0.1	6456	3.9	8295	5.0	3142	1.9	8467	5.2	164363	100.0
Gestational hypertension	2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Yes	1593	26.0	3455	56.4	348	5.7	6	0.1	149	2.4	358	5.8	79	1.3	137	2.2	6125	100.0
No	40613	25.7	80435	50.9	11381	7.2	172	0.1	6307	4.0	7937	5.0	3063	1.9	8238	5.2	158146	100.0
Unknown	0	**	0	**	0	**	0	**	0	**	0	**	0	**	92	**	92	**
Total	42206	25.7	83890	51.0	11729	7.1	178	0.1	6456	3.9	8295	5.0	3142	1.9	8467	5.2	164363	100.0
Eclampsia	2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Yes	46	12.6	77	21.0	8	**	1	**	37	10.1	8	**	3	**	186	50.8	366	100.0
No	42160	25.7	83813	51.1	11721	7.2	177	0.1	6419	3.9	8287	5.1	3139	1.9	8189	5.0	163905	100.0
Unknown	0	**	0	**	0	**	0	**	0	**	0	**	0	**	92	**	92	**
Total	42206	25.7	83890	51.0	11729	7.1	178	0.1	6456	3.9	8295	5.0	3142	1.9	8467	5.2	164363	100.0

	Medicaid		Private/employer insurance		Self-pay		Indian Health Service		CHAMPUS/TRICARE		Other government		Other		Unknown		Total	
	2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Previous preterm birth																		
Yes	1488	31.8	1989	42.5	352	7.5	3	**	146	3.1	481	10.3	60	1.3	156	3.3	4675	100.0
No	40718	25.5	81901	51.3	11377	7.1	175	0.1	6310	4.0	7814	4.9	3082	1.9	8219	5.1	159596	100.0
Unknown	0	**	0	**	0	**	0	**	0	**	0	**	0	**	92		92	
Total	42206	25.7	83890	51.0	11729	7.1	178	0.1	6456	3.9	8295	5.0	3142	1.9	8467	5.2	164363	100.0

	2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
	Other previous poor outcome																	
Yes	903	33.8	1395	52.2	144	5.4	1	**	62	2.3	76	2.8	28	1.0	65	2.4	2674	100.0
No	41303	25.6	82495	51.0	11585	7.2	177	0.1	6394	4.0	8219	5.1	3114	1.9	8310	5.1	161597	100.0
Unknown	0	**	0	**	0	**	0	**	0	**	0	**	0	**	92		92	
Total	42206	25.7	83890	51.0	11729	7.1	178	0.1	6456	3.9	8295	5.0	3142	1.9	8467	5.2	164363	100.0

	2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
	Vaginal bleeding prior to labor																	
Yes	680	31.6	1144	53.2	116	5.4	3	**	50	2.3	88	4.1	37	1.7	34	1.6	2152	100.0
No	41526	25.6	82746	51.0	11613	7.2	175	0.1	6406	4.0	8207	5.1	3105	1.9	8341	5.1	162119	100.0
Unknown	0	**	0	**	0	**	0	**	0	**	0	**	0	**	92		92	
Total	42206	25.7	83890	51.0	11729	7.1	178	0.1	6456	3.9	8295	5.0	3142	1.9	8467	5.2	164363	100.0

	2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
	Previous cesarean																	
Yes	5031	26.0	10343	53.5	1521	7.9	15	0.1	719	3.7	1159	6.0	268	1.4	291	1.5	19347	100.0
No	37175	25.7	73547	50.7	10208	7.0	163	0.1	5737	4.0	7136	4.9	2874	2.0	8084	5.6	144924	100.0
Unknown	0	**	0	**	0	**	0	**	0	**	0	**	0	**	92		92	
Total	42206	25.7	83890	51.0	11729	7.1	178	0.1	6456	3.9	8295	5.0	3142	1.9	8467	5.2	164363	100.0

	2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
	Alcohol use during pregnancy																	
Yes	211	46.2	109	23.9	38	8.3	2	**	13	2.8	58	12.7	9	**	17	3.7	457	100.0
No	41995	25.6	83781	51.1	11691	7.1	176	0.1	6443	3.9	8237	5.0	3133	1.9	8358	5.1	163814	100.0
Unknown	0	**	0	**	0	**	0	**	0	**	0	**	0	**	92		92	
Total	42206	25.7	83890	51.0	11729	7.1	178	0.1	6456	3.9	8295	5.0	3142	1.9	8467	5.2	164363	100.0

	2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008		2005-2008	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
	Tobacco use during pregnancy																	
Yes	14333	53.7	6484	24.3	1277	4.8	37	0.1	907	3.4	2480	9.3	391	1.5	780	2.9	26689	100.0
No	25750	19.6	74812	57.1	10223	7.8	123	0.1	5303	4.0	5640	4.3	2652	2.0	6568	5.0	131071	100.0
Unknown	2123	32.2	2594	39.3	229	3.5	18	0.3	246	3.7	175	2.7	99	1.5	1119	16.9	6603	100.0
Total	42206	25.7	83890	51.0	11729	7.1	178	0.1	6456	3.9	8295	5.0	3142	1.9	8467	5.2	164363	100.0

Source: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention (CDC) and Bureau of Health Promotion, KDHE

Prepared by: Bureau of Family Health, KDHE

*Sample size too small to calculate percent.

Question: Do you have any kind of health coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

Women 18-44	
Without health care coverage	
Kansas	U.S.
%	%
18.0	19.3

	Kansas	U.S.
	%	%
Race/Ethnicity		
White, non-Hispanic	12.9	13.7
Black, non-Hispanic	30.1	20.3
Other race, non-Hispanic	35.6	18.0
Multi race, non-Hispanic	17.4	16.3
Hispanic	43.5	38.5

	Kansas	U.S.
	%	%
Education		
Less than high school	44.0	43.9
High school or Ged	36.2	26.6
Some college	15.7	18.0
College	5.5	7.4

	Kansas	U.S.
	%	%
Annual household income		
Less than \$15,000	50.4	37.4
\$15,000 - \$24,999	47.4	40.5
\$25,000 - \$34,999	25.4	28.4
\$35,000 - \$49,999	17.4	15.5
\$50,000+	2.5	5.3

	Kansas	U.S.
	%	%
Employment		
Employed for wages/self employed	15.5	15.1
Out of work	46.8	38.2
Homemaker/student	21.8	24.0
Retired	*	17.5
Unable to work	12.0	18.5

	Kansas	U.S.
	%	%
Marital status		
Married/unmarried couple	12.9	16.2
Divorced/separated	39.3	27.6
Widowed	40.5	31.5
Never married	24.8	23.4

	Kansas	U.S.
	%	%
Disability		
Living with a disability	20.2	21.2
living without a disability	17.8	19.1

	Kansas	U.S.
	%	%
Health status		
Excellent to good	15.6	17.5
Fair to poor	42.8	34.0

	Kansas	U.S.
	%	%
Mental health		
<14 days mental health not good	15.9	18.4
14+ days mental health not good	30.8	25.0

	Kansas	U.S.
	%	%
Smoking		
Non-smoker	14.8	17.5
Current smoker	31.5	27.2

	Kansas	U.S.
	%	%
Personal doctor or health care provider		
Yes	13.3	11.0
No	41.9	49.2



Source: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention (CDC) and Bureau of Health Promotion, KDHE

Prepared by: Bureau of Family Health, KDHE

*Sample size too small to calculate percent.

Question: Do you have one person you think of as your personal doctor or health care provider? If "No", Is there more than one or is there no person who you think of as your personal doctor or health care provider?"

Women 18-44	
Usual source of care	
Kansas	U.S.
%	%
83.6	78.1

	Kansas	U.S.
	%	%
Health care coverage		
Yes	88.3	86.2
No	61.7	44.3

	Kansas	U.S.
	%	%
Race/Ethnicity		
White, non-Hispanic	86.8	83.2
Black, non-Hispanic	81.6	80.9
Other race, non-Hispanic	75.2	77.7
Multi race, non-Hispanic	68.1	77.7
Hispanic	66.6	59.1

	Kansas	U.S.
	%	%
Education		
Less than high school	74.4	56.9
High school or Ged	75.8	74.7
Some college	84.2	80.0
College	89.0	85.8

	Kansas	U.S.
	%	%
Annual household income		
Less than \$15,000	80.1	59.3
\$15,000 - \$24,999	68.5	65.1
\$25,000 - \$34,999	83.5	72.3
\$35,000 - \$49,999	87.0	81.8
\$50,000+	89.3	88.5

	Kansas	U.S.
	%	%
Employment		
Employed for wages/self employed	84.8	81.8
Out of work	77.0	64.6
Homemaker/student	79.8	72.7
Retired	*	88.1
Unable to work	91.1	84.7

	Kansas	U.S.
	%	%
Marital status		
Married/unmarried couple	86.3	80.2
Divorced/separated	77.9	76.3
Widowed	47.7	76.1
Never married	78.1	74.2

	Kansas	U.S.
	%	%
Disability		
Living with a disability	87.6	81.3
living without a disability	82.6	77.6

	Kansas	U.S.
	%	%
Health status		
Excellent to good	84.0	79.0
Fair to poor	78.8	70.5

	Kansas	U.S.
	%	%
Mental health		
<14 days mental health not good	84.1	75.9
14+ days mental health not good	81.1	78.4

	Kansas	U.S.
	%	%
Smoking		
Non-smoker	84.2	78.9
Current smoker	80.5	74.5

Updated Feb. 15, 2010 - Updated statistics have been bolded and italicized.

Source: Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention (CDC) and Bureau of Health Promotion, KDHE

Prepared by: Bureau of Family Health, KDHE

*Unknown/not stated were excluded from the denominator.

**Sample size too small to calculate percent.

Question 1: Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

Question 2: Has a doctor or other health care provider EVER told you that you had an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, post traumatic stress disorder, or social anxiety disorder)?

Question 3: Has a doctor or other health care provider EVER told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

Women 18-44 14+ days Mental Health "not good" (Question 1)		Women 18-44 Anxiety (Question 2)		Women 18-44 Depression (Question 3)	
Kansas	U.S.	Kansas	U.S.	Kansas	U.S.
%	%	%	%	%	%
13.7	12.9	15.5	15.9	19.5	19.0

	Kansas	U.S.	Kansas	U.S.	Kansas	U.S.
	%	%	%	%	%	%
Race/Ethnicity						
White, non-Hispanic	12.1	12.9	15.4	18.6	20.0	22.5
Black, non-Hispanic	20.8	15.0	16.7	10.0	12.6	11.7
Other race, non-Hispanic	27.7	11.4	23.5	9.8	18.1	11.7
Multi race, non-Hispanic	34.6	19.3	39.4	29.5	32.3	23.0
Hispanic	13.0	11.2	7.9	9.8	16.2	13.3

	Kansas	U.S.	Kansas	U.S.	Kansas	U.S.
	%	%	%	%	%	%
Education						
Less than high school	12.3	19.4	18.3	17.7	27.0	19.9
High school or Ged	20.2	14.9	15.6	17.9	19.1	21.6
Some college	15.6	14.4	19.4	16.6	25.7	19.5
College	8.3	8.1	12.0	13.6	13.7	16.8

	Kansas	U.S.	Kansas	U.S.	Kansas	U.S.
	%	%	%	%	%	%
Annual household income						
Less than \$15,000	27.8	23.0	31.1	21.0	40.2	24.8
\$15,000 - \$24,999	15.3	19.2	25.4	18.3	33.2	22.0
\$25,000 - \$34,999	25.3	14.5	21.0	13.7	23.5	20.7
\$35,000 - \$49,999	12.6	12.1	14.3	15.5	18.9	22.0
\$50,000+	9.2	8.4	12.7	16.0	14.4	17.0

	Kansas	U.S.	Kansas	U.S.	Kansas	U.S.
	%	%	%	%	%	%
Employment						
Employed for wages/self employed	12.3	11.1	13.2	14.3	18.9	17.2
Out of work	52.1	22.5	19.3	19.0	37.9	30.0
Homemaker/student	9.5	11.2	16.6	15.9	14.0	17.8
Retired	**	20.2	**	24.3	**	48.0
Unable to work	63.1	41.7	59.3	54.7	61.1	55.0

	Kansas	U.S.	Kansas	U.S.	Kansas	U.S.
	%	%	%	%	%	%
Marital status						
Married/unmarried couple	10.7	10.7	13.3	14.8	17.6	18.4
Divorced/separated	29.5	23.0	34.5	27.0	34.3	31.3
Widowed	16.4	23.0	22.2	28.3	**	41.4
Never married	17.3	14.3	15.9	15.0	20.0	16.8

Question 1: Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

Question 2: Has a doctor or other health care provider EVER told you that you had an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, post traumatic stress disorder, or social anxiety disorder)?

Question 3: Has a doctor or other health care provider EVER told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

	Women 18-44		Women 18-44		Women 18-44	
	14+ days Mental Health "not good" (Question 1)		Anxiety (Question 2)		Depression (Question 3)	
	Kansas	U.S.	Kansas	U.S.	Kansas	U.S.
Disability	%	%	%	%	%	%
Living with a disability	37.1	33.5	34.2	37.4	39.1	44.4
living without a disability	9.2	9.6	12.1	12.9	15.9	15.4
	Kansas	U.S.	Kansas	U.S.	Kansas	U.S.
Health status	%	%	%	%	%	%
Excellent to good	10.6	10.1	13.5	14.4	17.1	17.7
Fair to poor	46.6	35.7	34.1	29.4	42.2	31.2
	Kansas	U.S.	Kansas	U.S.	Kansas	U.S.
Smoking	%	%	%	%	%	%
Non-smoker	10.5	10.1	11.6	14.0	14.6	16.5
Current smoker	27.5	25.0	29.5	24.8	37.1	30.6

Source: Bureau of Public Health Informatics, KDHE
 Prepared by: Bureau of Family Health, KDHE
 IM = infant mortality
 LB = live births
 IMR = infant mortality rate
 IM linked = linked birth/infant death (death cohort: linkages of infant deaths with the corresponding live births)
 *33 of the births occurred in 2004.
 **Number too small to calculate percent.

	2005-2008
IM	1226
IM linked	1166
Matched (%)	95.1
LB	164363
IMR (per 1,000 live births)	7.05

Mother's age-group	2005-2008		
	IM	LB	Rate
<20	191	16965	11.26
20-34	864	129389	6.68
35 & over	110	17979	6.12
Unknown	1	30	
Total	1166	164363	7.09

Mother's race/ethnicity	2005-2008		
	IM	LB	Rate
White, non-Hispanic	741	118328	6.26
Black, non-Hispanic	167	11263	14.83
Other, non-Hispanic	53	8544	6.20
Hispanic	205	26098	7.86
Unknown	0	130	
Total	1166	164363	7.09

Metropolitan**	2005-2008		
	IM	LB	Rate
Metropolitan	706	100415	7.03
Non-Metropolitan	460	63948	7.19
Total	1166	164363	7.09

**Butler, Douglas, Harvey, Johnson, Leavenworth, Miami, Sedgwick, Shawnee, and Wyandotte

Mother's Foreign-born status	2005-2008		
	IM	LB	Rate
US-born	1028	140457	7.32
Foreign-born	136	23820	5.71
Unknown	2	86	
Total	1166	164363	7.09

Mother's education	2005-2008		
	IM	LB	Rate
8th grad or less	39	6778	5.75
Some HS, no diploma	263	23601	11.14
HS grad or GED	338	39748	8.50
Some college, no degree	198	36519	5.42
Associate degree	79	11175	7.07
Bachelor's degree	126	32085	3.93
Master's degree	59	10133	5.82
Doctorate or professional	8	2358	**
Unknown	56	1966	
Total	1166	164363	7.09

Mother's education	2005-2008		
	IM	LB	Rate
< High school	302	30379	9.94
≥ High school	808	132018	6.12
Unknown	56	1966	
Total	1166	164363	7.09

Mother's marital status	2005-2008		
	IM	LB	Rate
Yes	557	105343	5.3
No	590	58874	10.0
Unknown	19	146	
Total	1166	164363	7.1

WIC status	2005-2008		
	IM	LB	Rate
Yes	400	56535	7.08
No	650	99981	6.50
Unknown	116	7847	
Total	1166	164363	7.09

Principal source of payment for the delivery	2005-2008		
	IM	LB	Rate
Medicaid	390	42206	9.24
Private/employer insurance	451	83890	5.38
Self-pay	86	11729	7.33
Indian Health Service	2	178	**
CHAMPUS/TRICARE	35	6456	5.42
Other government	75	8295	9.04
Other	15	3142	4.77
Unknown	112	8467	
Total	1166	164363	7.09

Prenatal care began	2005-2008		
	IM	LB	Rate
First trimester	689	113739	6.06
Second trimester	225	32000	7.03
Third trimester	40	6065	6.60
None	64	1732	36.95
Unknown	148	10827	13.67
Total	1166	164363	7.09

APNCU	2005-2008		
	IM	LB	Rate
Inadequate	196	22859	8.57
Intermediate	40	10279	3.89
Adequate	214	69693	3.07
Adequate plus	520	48368	10.75
Unknown	196	13164	14.89
Total	1166	164363	7.09

Prematurity	2005-2008		
	IM	LB	Rate
Under 32 weeks (very premature)	543	2533	214.37
32-36 weeks (moderately and late premature)	176	12816	13.73
<37 weeks (Preterm)	719	15349	46.84
37-41 weeks (Normal)	432	147356	2.93
Over 42 weeks (Over due)	2	1013	**
Unknown	13	645	
Total	1166	164363	7.09

Birthweight group	2005-2008		
	IM	LB	Rate
Under 1500 grams (VLBW: very low birth weight)	543	2210	245.70
1500-2499 grams	179	9580	18.68
<2500 grams (LBW: low birth weight)	722	11790	61.24
2500 grams and over (Normal)	438	152547	2.87
Unknown	6	26	
Total	1166	164363	7.09

Plurality	2005-2008		
	IM	LB	Rate
Single	1001	159245	6.29
Multiple	164	5074	32.32
Unknown	1	44	
Total	1166	164363	7.09

Pregnancy diabetes	2005-2008		
	IM	LB	Rate
Yes	14	1164	12.03
No	1118	163107	6.85
Unknown	34	92	
Total	1166	164363	7.09

Gestational diabetes	2005-2008		
	IM	LB	Rate
Yes	24	5976	4.02
No	1108	158295	7.00
Unknown	34	92	
Total	1166	164363	7.09

Pregnancy hypertension	2005-2008		
	IM	LB	Rate
Yes	19	1643	11.56
No	1113	162628	6.84
Unknown	34	92	
Total	1166	164363	7.09

Gestational hypertension	2005-2008		
	IM	LB	Rate
Yes	51	6125	8.33
No	1081	158146	6.84
Unknown	34	92	
Total	1166	164363	7.09

Eclampsia	2005-2008		
	IM	LB	Rate
Yes	5	366	**
No	1127	163905	6.88
Unknown	34	92	
Total	1166	164363	7.09

Previous preterm birth	2005-2008		
	IM	LB	Rate
Yes	96	4675	20.53
No	1036	159596	6.49
Unknown	34	92	
Total	1166	164363	7.09

Other previous poor outcome	2005-2008		
	IM	LB	Rate
Yes	49	2674	18.32
No	1083	161597	6.70
Unknown	34	92	
Total	1166	164363	7.09

Vaginal bleeding prior to labor	2005-2008		
	IM	LB	Rate
Yes	65	2152	30.20
No	1067	162119	6.58
Unknown	34	92	
Total	1166	164363	7.09

Previous cesarean	2005-2008		
	IM	LB	Rate
Yes	114	19347	5.89
No	1018	144924	7.02
Unknown	34	92	
Total	1166	164363	7.09

Alcohol use during pregnancy	2005-2008		
	IM	LB	Rate
Yes	13	457	28.45
No	1119	163814	6.83
Unknown	34	92	
Total	1166	164363	7.09

Tobacco use during pregnancy	2005-2008		
	IM	LB	Rate
Yes	282	26689	10.57
No	808	131071	6.16
Unknown	76	6603	
Total	1166	164363	7.09

Inf5: Neonatal mortality (NM) rate (<28 days) per 1,000 live births
Kansas, 2005-2008

Source: Bureau of Public Health Informatics, KDHE
 Prepared by: Bureau of Family Health, KDHE
 NM =neonatal mortality
 LB = live births
 NM linked = linked birth/infant death (death cohort: linkages of infant deaths with the corresponding live births)

	2005	2006	2007	2008	Total
NM	196	176	211	193	776
NM linked	182	163	200	189	734
Matched (%)	92.9	92.6	94.8	97.9	94.6
LB	39701	40896	41951	41815	164363
NMR	4.58	3.99	4.77	4.52	4.47

(per 1000 live births)

2005-2008	23 weeks		24 weeks		25 weeks		26 weeks		27 weeks		28weeks		29 weeks		30 weeks		31 weeks		32 weeks		33 weeks	
	NM	LB	NM	LB	NM	LB	NM	LB	NM	LB	NM	LB	NM	LB	NM	LB	NM	LB	NM	LB	NM	LB
Total	58	106	48	147	34	169	26	178	9	185	17	276	14	295	18	378	11	492	24	768	15	975

2005-2008	34 weeks		35 weeks		36 weeks		37 weeks		38 weeks		39 weeks		40 weeks		41 weeks		42 weeks		43 weeks		44 weeks		45 weeks	
	NM	LB	NM	LB	NM	LB	NM	LB	NM	LB	NM	LB	NM	LB	NM	LB	NM	LB	NM	LB	NM	LB	NM	LB
Total	23	1724	20	3032	30	6317	33	13900	39	31862	32	50641	19	40083	6	10870	1	946	0	55	0	11	0	1

2005-2008		23 weeks		24 weeks		25 weeks		26 weeks		27 weeks		28weeks		29 weeks		30 weeks		31 weeks		32 weeks		33 weeks	
Mother's race/ethnicity		NM	LB	NM	LB	NM	LB	NM	LB	NM	LB	NM	LB	NM	LB	NM	LB	NM	LB	NM	LB	NM	LB
White, non-Hispanic		34	63	28	95	26	108	17	107	3	131	11	205	11	203	14	279	10	341	16	578	12	697
Black, non-Hispanic		8	14	9	23	5	35	3	36	4	20	1	30	1	37	2	37	1	66	2	82	1	95
Other, non-Hispanic		3	6	3	8	1	5	1	9	0	8	2	12	2	17	0	21	0	21	1	20	1	61
Hispanic		13	23	8	21	2	21	5	26	2	24	3	28	0	38	2	39	0	63	5	88	1	122
Unknown		0	0	0	0	0	0	0	0	0	2	0	1	0	0	2	0	1	0	0	0	0	0
Total		58	106	48	147	34	169	26	178	9	185	17	276	14	295	18	378	11	492	24	768	15	975

2005-2008		34 weeks		35 weeks		36 weeks		37 weeks		38 weeks		39 weeks		40 weeks		41 weeks		42 weeks		43 weeks		44 weeks		45 weeks	
Mother's race/ethnicity		NM	LB	NM	LB	NM	LB	NM	LB	NM	LB	NM	LB	NM	LB	NM	LB	NM	LB	NM	LB	NM	LB	NM	LB
White, non-Hispanic		18	1256	15	2165	23	4726	26	10237	31	23286	22	36973	14	28241	2	7472	1	622	0	38	0	9	0	0
Black, non-Hispanic		2	162	2	263	2	472	4	937	1	2030	2	3240	0	2708	2	800	0	68	0	4	0	1	0	0
Other, non-Hispanic		1	98	0	154	1	334	0	775	2	1644	2	2689	1	2055	1	524	0	41	0	2	0	0	0	0
Hispanic		2	208	3	448	4	777	3	1948	5	4880	6	7698	4	7053	1	2063	0	213	0	11	0	1	0	1
Unknown		0	0	0	2	0	8	0	3	0	22	0	41	0	26	0	11	0	2	0	0	0	0	0	0
Total		23	1724	20	3032	30	6317	33	13900	39	31862	32	50641	19	40083	6	10870	1	946	0	55	0	11	0	1

Kansas Resident Births, 2005-2008

Source: Bureau of Public Health Informatics, KDHE
 Prepared by: Bureau of Family Health, KDHE
 *Unknown/not stated were excluded from the denominator.
 **Number too small to calculate percent.

Birthweight group	2005-2008	
	Number	%
Under 1500 grams (VLBW: very low birth weight)	2210	1.3
1500-2499 grams	9580	5.8
<2500 grams (LBW: low birth weight)	11790	7.2
≥2500 grams	152547	92.8
Total	164337	100.0

Mother's age-group	2005-2008		
	Numerator	Denominator	%
<20	1539	16963	9.1
20-34	8866	129369	6.9
35 & over	1380	17977	7.7
Unknown	5	28	
Total	11790	164337	7.2

Mother's race/ethnicity	2005-2008		
	Numerator	Denominator	%
White, non-Hispanic	8094	118309	6.8
Black, non-Hispanic	1489	11261	13.2
Other, non-Hispanic	676	8543	7.9
Hispanic	1518	26096	5.8
Unknown	13	128	
Total	11790	164337	7.2

Metropolitan**	2005-2008		
	Numerator	Denominator	%
Metropolitan	7309	100403	7.3
Non-Metropolitan	4481	63934	7.0
Total	11790	164337	7.2

**Butler, Douglas, Harvey, Johnson, Leavenworth, Miami, Sedgwick,

Mother's Foreign-born status	2005-2008		
	Numerator	Denominator	%
US-born	10371	140435	7.4
Foreign-born	1400	23817	5.9
Unknown	19	85	
Total	11790	164337	7.2

Mother's education	2005-2008		
	Numerator	Denominator	%
8th grad or less	383	6777	5.7
Some HS, no diploma	2144	23600	9.1
HS grad or GED	3323	39743	8.4
Some college, no degree	2461	36514	6.7
Associate degree	715	11174	6.4
Bachelor's degree	1758	32081	5.5
Master's degree	671	10131	6.6
Doctorate or professional	135	2358	5.7
Unknown	200	1959	
Total	11790	164337	7.2

Mother's education	2005-2008		
	Numerator	Denominator	%
< High school	2527	30377	8.3
≥ High school	9063	132001	6.9
Unknown	200	1959	
Total	11790	164337	7.2

Mother's marital status	2005-2008		
	Numerator	Denominator	%
Yes	6494	105325	6.2
No	5278	58869	9.0
Unknown	18	143	
Total	11790	164337	7.2

Principal source of payment for the delivery	2005-2008		
	Numerator	Denominator	%
Medicaid	3676	42205	8.7
Private/employer insurance	5029	83880	6.0
Self-pay	788	11726	6.7
Indian Health Service	10	178	5.6
CHAMPUS/TRICARE	405	6455	6.3
Other government	834	8295	10.1
Other	172	3141	5.5
Unknown	876	8457	
Total	11790	164337	7.2

WIC status	2005-2008		
	Numerator	Denominator	%
Yes	4483	56529	7.9
No	6638	99967	6.6
Unknown	669	7841	
Total	11790	164337	7.2

Prenatal care began	2005-2008		
	Numerator	Denominator	%
First trimester	7626	113730	6.7
Second trimester	2239	31994	7.0
Third trimester	399	6064	6.6
None	334	1727	19.3
Unknown	1192	10822	
Total	11790	164337	7.2

APNCU	2005-2008		
	Numerator	Denominator	%
Inadequate	1753	22853	7.7
Intermediate	368	10277	3.6
Adequate	2149	69689	3.1
Adequate plus	5959	48359	12.3
Unknown	1561	13159	
Total	11790	164337	7.2

Prematurity	2005-2008		
	Numerator	Denominator	%
Under 32 weeks (very premature)	2370	2528	93.8
32-36 weeks (moderately and late premature)	5931	12812	46.3
<37 weeks (Preterm)	8301	15340	54.1
37-41 weeks (Normal)	3421	147343	2.3
Over 42 weeks (Over due)	8	1013	**
Unknown	60	641	
Total	11790	164337	7.2

Plurality	2005-2008		
	Numerator	Denominator	%
Single	8934	159222	5.6
Multiple	2853	5073	56.2
Unknown	3	42	
Total	11790	164337	7.2

Alcohol use during pregnancy	2005-2008		
	Numerator	Denominator	%
Yes	77	457	16.8
No	11699	163790	7.1
Unknown	14	90	
Total	11790	164337	7.2

Prepregnancy diabetes	2005-2008		
	Numerator	Denominator	%
Yes	153	1162	13.2
No	11623	163085	7.1
Unknown	14	90	
Total	11790	164337	7.2

Tobacco use during pregnancy	2005-2008		
	Numerator	Denominator	%
Yes	2995	26689	11.2
No	8303	131071	6.3
Unknown	492	6577	7.5
Total	11790	164337	7.2

Gestational diabetes	2005-2008		
	Numerator	Denominator	%
Yes	484	5975	8.1
No	11292	158272	7.1
Unknown	14	90	
Total	11790	164337	7.2

Prepregnancy hypertension	2005-2008		
	Numerator	Denominator	%
Yes	286	1643	17.4
No	11490	162604	7.1
Unknown	14	90	
Total	11790	164337	7.2

Gestational hypertension	2005-2008		
	Numerator	Denominator	%
Yes	1253	6125	20.5
No	10523	158122	6.7
Unknown	14	90	
Total	11790	164337	7.2

Eclampsia	2005-2008		
	Numerator	Denominator	%
Yes	138	366	37.7
No	11638	163881	7.1
Unknown	14	90	
Total	11790	164337	7.2

Previous preterm birth	2005-2008		
	Numerator	Denominator	%
Yes	979	4673	21.0
No	10797	159574	6.8
Unknown	14	90	
Total	11790	164337	7.2

Other previous poor outcome	2005-2008		
	Numerator	Denominator	%
Yes	327	2673	12.2
No	11449	161574	7.1
Unknown	14	90	
Total	11790	164337	7.2

Vaginal bleeding prior to labor	2005-2008		
	Numerator	Denominator	%
Yes	422	2152	19.6
No	11354	162095	7.0
Unknown	14	90	
Total	11790	164337	7.2

Previous cesarean	2005-2008		
	Numerator	Denominator	%
Yes	1330	19345	6.9
No	10446	144902	7.2
Unknown	14	90	
Total	11790	164337	7.2

Source: Bureau of Public Health Informatics, KDHE
 Prepared by: Bureau of Family Health, KDHE
 *Unknown/not stated were excluded from the denominator.

Prematurity	2005-2008	
	Number	%
Under 32 weeks (very premature)	2533	1.5
32-36 weeks (moderately and late premature)	12816	7.8
<37 weeks (Preterm)	15349	9.3
37-41 weeks (Normal)	147356	89.7
Over 42 weeks (Over due)	1013	0.6
Unknown	645	0.4
Total	164363	100.0

Mother's age-group	2005-2008		
	Numerator	Denominator	%
<20	1686	16878	10.0
20-34	11780	128896	9.1
35 & over	1875	17915	10.5
Unknown	8	29	
Total	15349	163718	9.4

Mother's race/ethnicity	2005-2008		
	Numerator	Denominator	%
White, non-Hispanic	11135	118013	9.4
Black, non-Hispanic	1433	11221	12.8
Other, non-Hispanic	789	8519	9.3
Hispanic	1975	25843	7.6
Unknown	17	122	
Total	15349	163718	9.4

Metropolitan**	2005-2008		
	Numerator	Denominator	%
Metropolitan	9166	100195	9.1
Non-Metropolitan	6183	63523	9.7
Total	15349	163718	9.4

**Butler, Douglas, Harvey, Johnson, Leavenworth, Miami, Sedgwick, Shawnee, and Wyandotte

Mother's Foreign-born status	2005-2008		
	Numerator	Denominator	%
US-born	13618	140022	9.7
Foreign-born	1715	23611	7.3
Unknown	16	85	
Total	15349	163718	9.4

Mother's education	2005-2008		
	Numerator	Denominator	%
8th grad or less	534	6685	8.0
Some HS, no diploma	2378	23447	10.1
HS grad or GED	4000	39591	10.1
Some college, no degree	3384	36391	9.3
Associate degree	1042	11157	9.3
Bachelor's degree	2606	32027	8.1
Master's degree	972	10119	9.6
Doctorate or professional	210	2357	8.9
Unknown	223	1944	
Total	15349	163718	9.4

Mother's education	2005-2008		
	Numerator	Denominator	%
< High school	2912	30132	9.7
≥ High school	12214	131642	9.3
Unknown	223	1944	
Total	15349	163718	9.4

Mother's marital status	2005-2008		
	Numerator	Denominator	%
Yes	9334	105042	8.9
No	5995	58539	10.2
Unknown	20	137	
Total	15349	163718	9.4

Principal source of payment for the delivery	2005-2008		
	Numerator	Denominator	%
Medicaid	4324	42031	10.3
Private/employer insurance	7280	83702	8.7
Self-pay	939	11614	8.1
Indian Health Service	16	178	9.0
CHAMPUS/TRICARE	540	6449	8.4
Other government	914	8258	11.1
Other	259	3135	8.3
Unknown	1077	8351	
Total	15349	163718	9.4

WIC status	2005-2008		
	Numerator	Denominator	%
Yes	5415	56269	9.6
No	9147	99718	9.2
Unknown	787	7731	
Total	15349	163718	9.4

Prenatal care began	2005-2008		
	Numerator	Denominator	%
First trimester	10378	113581	9.1
Second trimester	2623	31935	8.2
Third trimester	462	6045	7.6
None	402	1619	24.8
Unknown	1484	10538	
Total	15349	163718	9.4

APNCU	2005-2008		
	Numerator	Denominator	%
Inadequate	2041	22696	9.0
Intermediate	385	10261	3.8
Adequate	2061	69640	3.0
Adequate plus	8939	48293	18.5
Unknown	1923	12828	
Total	15349	163718	9.4

Birthweight group	2005-2008		
	Numerator	Denominator	%
Under 1500 grams (VLBW: very low birth weight)	2139	2186	97.8
1500-2499 grams	6162	9544	64.6
<2500 grams (LBW: low birth weight)	8301	11730	70.8
2500 grams and over (Normal)	7039	151966	4.6
Unknown	9	22	
Total	15349	163718	9.4

Plurality	2005-2008		
	Numerator	Denominator	%
Single	12268	158625	7.7
Multiple	3076	5055	60.9
Unknown	5	38	
Total	15349	163718	9.4

Pregpregnancy diabetes	2005-2008		
	Numerator	Denominator	%
Yes	307	1160	26.5
No	15025	162471	9.2
Unknown	17	87	
Total	15349	163718	9.4

Gestational diabetes	2005-2008		
	Numerator	Denominator	%
Yes	786	5952	13.2
No	14546	157679	9.2
Unknown	17	87	
Total	15349	163718	9.4

Pregpregnancy hypertension	2005-2008		
	Numerator	Denominator	%
Yes	371	1640	22.6
No	14961	161991	9.2
Unknown	17	87	
Total	15349	163718	9.4

Gestational hypertention	2005-2008		
	Numerator	Denominator	%
Yes	1532	6097	25.1
No	13800	157534	8.8
Unknown	17	87	
Total	15349	163718	9.4

Eclampsia	2005-2008		
	Numerator	Denominator	%
Yes	155	365	42.5
No	15177	163266	9.3
Unknown	17	87	
Total	15349	163718	9.4

Previous preterm birth	2005-2008		
	Numerator	Denominator	%
Yes	1441	4645	31.0
No	13891	158986	8.7
Unknown	17	87	
Total	15349	163718	9.4

Other previous poor outcome	2005-2008		
	Numerator	Denominator	%
Yes	422	2666	15.8
No	14910	160965	9.3
Unknown	17	87	
Total	15349	163718	9.4

Vaginal bleeding prior to labor	2005-2008		
	Numerator	Denominator	%
Yes	570	2144	26.6
No	14762	161487	9.1
Unknown	17	87	
Total	15349	163718	9.4

Previous cesarean	2005-2008		
	Numerator	Denominator	%
Yes	1979	19261	10.3
No	13353	144370	9.2
Unknown	17	87	
Total	15349	163718	9.4

Alcohol use during pregnancy	2005-2008		
	Numerator	Denominator	%
Yes	80	451	17.7
No	15252	163180	9.3
Unknown	17	87	
Total	15349	163718	9.4

Tobacco use during pregnancy	2005-2008		
	Numerator	Denominator	%
Yes	3106	26577	11.7
No	11545	130598	8.8
Unknown	698	6543	10.7
Total	15349	163718	9.4

Appendix B

Children and Adolescents Data Indicator Tables

- B. 1. Children and Adolescents (C&A) Indicator List
- B. 2. C&A Follow-up Research: Additional Data 1
- B. 3. C&A Follow-Up Research: Additional Data 2



Children and Adolescents Indicator List

Code ⁴	Health Indicator	Kansas				United States		Notes Related to Current ² Data				
		Historical ¹		Current ²		Historical ¹	Current ²	HP2010 Goal ³	Source		County-level?	Comments
		Number	Statistic	Number	Statistic				KS	U.S.		
Demographics												
CA1	Children ages 0-19	780,624 (2002)		782,430 (2008)					1		Yes	
	White	685,469	87.8%	680,145	86.9%							
	Black or African American	66,284	8.5%	70,693	9.0%							
	American Indian or Native Alaskan	10,856	1.4%	11,620	1.5%							
	Asian or Native Hawaiian or Other PI	18,015	2.3%	19,972	2.6%							
	Hispanic	83,780	10.7%	107,481	13.7%							
	Non-Hispanic	696,844	89.3%	674,949	86.3%							
Socioeconomic Factors												
Grandparents												
CA2	Percent of grandparents with their own grandchildren under 18 years in households		2.5% (2005)		2.4% (2008)	3.6% (2005)	3.7% (2008)		2	2	No, 2008; Yes, 2000	2008 county level data available for DG, JO, LV, RL, SG, SN, WY
CA3	Percent of grandparents responsible for their grandchildren under 18 years of age who are in poverty		11.7% (2004)		13.3% (2008)	18.8% (2004)	19.5% (2008)		2	2	No, 2008; Yes, 2000	2008 county level data available for DG, JO, LV, RL, SG, SN, WY
Other Socioeconomic Factors												
CA4	Percent of individuals with related children under 5 years below poverty in the past 12 months		15.8% (2004)		18.8% (2008)	21.0% (2004)	21.2% (2008)		2	2	No, 2008; Yes, 2000	2008 county level data available for DG, JO, LV, RL, SG, SN, WY
CA5	Percent of individuals with related children 5-17 below poverty in the past 12 months		10.0% (2004)		12.1% (2008)	16.9% (2004)	16.5% (2008)		2	2	No, 2008; Yes, 2000	2008 county level data available for DG, JO, LV, RL, SG, SN, WY
CA6	Percent of children under 19 years of age at or below 200% of the Federal Poverty level without health insurance		5.9% (2002)		7.7% (2008)	7.5% (2002)	6.4% (2008)		3	3	No, 2008; Yes, 2000	2008 county level data available for DG, JO, LV, RL, SG, SN, WY
Health Status / Health Risk Indicators												
CA7	Percent of children without health insurance.	57,000 (2002)	8.1% (2002)		11.0% (2008)	11.6% (2002)	9.9% (2008)		3	3	No	Children aged under 18
CA8	Percent of children who are overweight (>=95th).		12.6% (2003)		13.3% (2008)	14.3% (2002)	14.8% (2008)	5% age 6-19	4	4	Yes	WIC children ages 2-5
CA9	Percent of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.	7,744 (2003)	28.6% (2003)	10,306 (2008)	30.0% (2008)	29.7% (2002)	31.3% (2008)		4	4	Yes	WIC children ages 2-5



Code⁴ Health Indicator

Code ⁴	Health Indicator	Kansas				United States		HP2010 Goal ³	Notes Related to Current ² Data			
		Historical ¹		Current ²		Historical ¹	Current ²		Source		County-level?	Comments
		Number	Statistic	Number	Statistic				KS	U.S.		
CA10	Prevalence of anemia in children.		10.9% (2003)		11.4 (2008)	13.1% (2002)	14.9% (2008)	5% age 1-2 1% age 3-4	4	4	Yes	WIC childrne age<5 (low Hb/Hct)
CA11	Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B (4:3:1:3:3).		66.8% (2002)		78.2% (2008)	74.8% (2002)	78.2% (2008)	90%	5	5	No	
CA12	Percent of third grade children who have received protective sealants on at least one permanent molar tooth.	11,485 (2004)	34.2% (2004)	13,176 (2007)	38.2% (2007)				6		No	
CA13	Percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.	13,526 (FFY2002)	37.5% (FFY2002)	24,094 (FFY2008)	56.3% (FFY2008)				7		Yes	Percent of Kan be Healthy eligible children aged 6-9 who have received at least one dental screen
CA14	Rate/1,000 of children under 18 years of age who are victims of child abuse and neglect.		10.2 (2001)	2,272 (2007)	3.3 (2007)	12.4 (2001)	10.6 (2007)	10.3	8		No	
CA15	Number of children within a defined population found to have blood lead levels of >=10 micrograms/deciliter	262 (2001)		140 (2008)					9		Yes	Children <72 months of ages
CA16	Reduce use of cigarettes in past month by students in grades 9 through 12 to 16%.		26.1% (2000) 21.1% (2002)		20.6% (2007)	28.0% (2000)	20.0% (2007)	16%	10	10	No	

Motor Vehicle Crashes

CA17	Rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children	29 (2002)	6.1 (2001) 5.1 (2002)	21 (2008)	3.6 (2008)	4.1 (2001)	3.5 (2006)		11	12	Yes	County level data: unintentional Injury, need to Combine Years
CA18	Death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.	164 (2002)	39.6 (2002)	107 (2008)	26.0 (2008)		26.1 (2006)		11	12	Yes	
CA19	Rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.	169 (2002)	28.7 (2002)	159 (2007)	27.6 (2007)				13		Yes	Based on "disabling" injuries to motor vehicle occupants, pedestrians, and pedacyclists resulting from motor vehicle crashes occurring in-state.
CA20	Rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 15 through 24 years.	744 (2002)	185.9 (2002)	575 (2007)	140.0 (2007)				13		Yes	Based on "disabling" injuries to motor vehicle occupants, pedestrians, and pedacyclists resulting from motor vehicle crashes occurring in-state.



Code⁴ Health Indicator

Code ⁴	Health Indicator	Kansas				United States		HP2010 Goal ³	Notes Related to Current ² Data			
		Historical ¹		Current ²		Historical ¹	Current ²		Source		County-level?	Comments
		Number	Statistic	Number	Statistic				KS	U.S.		
CA21	Percent of children/adolescents safety restraint use in a motor vehicle crash by age groups 0-3, 4-13.	age 0-3 3,857 (2002)	age 0-3 71.7% (2002)	age 0-3 3,814 (2008)	age 0-3 95.8% (2008)				14		Yes	The Child Passenger Safety Act (KSA 8-1344), which requires all children under the age of four to be in a federally-approved child safety seat.
		age 4-13 11,117 (2002)	age 4-13 89.5% (2002)	age 4-13 8,741 (2008)	age 4-13 93.2% (2008)							

Other Mortality

CA22	Child death rate per 100,000 children aged 1 through 14.	130 (2002)	23.6 (2001) 24.3 (2002)	115 (2008)	21.3 (2008)	21.6 (2001)			11	12	Yes	
CA23	Death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.	62 (2002)	10.8 (2002)	54 (2008)	9.3 (2008)				11		Yes	

Hospitalization Data

CA24	Rate of children hospitalized for asthma (ICD-9 Codes: 493.0-493.9) per 10,000 children less than 5 years of age	615 (2001)	27.1 (1999) 32.6 (2001)	649 (2007)	33.1 (2007)	55.4 (1999)		25	15	16	Yes	
CA25	Rate per 100,000 of all nonfatal injuries among children aged 14 years and younger	1,006 (2001)	171.0 (2001)	1,564 (2007)	271.8 (2007)				15		Yes	
CA26	Rate of respiratory inpatient hospitalizations per 10,000 children age 1-4	2,386 (2001)	160.3 (2001)	2,451 (2007)	157.4 (2007)				15		Yes	

Mental Health

CA27	Rate of adolescents ages 15-19 hospitalized for self-harm (ICD-9 Codes: E950 -E959) per 10,000 population	208 (2000)	9.9 (2000)	194 (2007)	9.6 (2007)				15		Yes	Female to Male ratio, about 2:1
CA28	Rate (per 100,000) of suicide deaths among youths aged 15 through 19.	18 (2002)	13.3 (2001) 8.7(2002)	67 (2006-08)	11.1 (2006- 2008)	8.0 (2001)	7.31 (2006)		11	12	Yes	
CA29	Percent of children and adolescents that receive behavioral/mental health services.	41,411 (2004)	4.9% (2004)	51,407 (2007)	6.0% (2007)				17			



Code⁴ Health Indicator

Code ⁴	Health Indicator	Kansas				United States		HP2010 Goal ³	Notes Related to Current ² Data			
		Historical ¹		Current ²		Historical ¹	Current ²		Source		County-level?	Comments
		Number	Statistic	Number	Statistic				KS	U.S.		

Sexual Behavior

CA30	Rate per 1,000 women aged 15 through 19 years with a reported case of Chlamydia.	2,256	22.4 (2002)	2,748	28.5 (2008)		30.0 (2007)		18	19	Yes	
Preg1	Rate of birth (per 1,000) for teenagers (females) aged 15 through 17 years.	1,261 (2002)	21.2 (2002)	1,261 (2008)	22.0 (2008)	23.2 (2002)	(preliminary, 2007)		11	20	Yes	Residence data
Preg2	Pregnancy rate per 1,000 adolescents (females) ages 15-17	1,684 (2002)	28.3 (2002)	1,552 (2008)	27.1 (2008)		41.5 (2004)		11	21	Yes	Residence data, teenage pregnancies include the sum of live births, stillbirths and abortions
Preg3	Pregnancy rate per 1,000 adolescents (females) ages 15-19	5,500 (2002)	60.7 (1999) 54.7 (2002)	5,305 (2008)	55.0 (2008)	86.7 (1999)	72.2 (2004)		11	21	Yes	Residence data, teenage pregnancies include the sum of live births, stillbirths and abortions

Additional Detail Data

Demographics

CA31	% Foreign born				2.7		4.1		22	22		
CA32	% Age of Children under 18								22	22		
	<3				16.9		16.5					
	3-5				16.5		16.6					
	6-11				33.0		33.2					
	12-17				17.5		17.6					
CA33	% children (0-19) living in								1			
	metro			449,192	62.7							
	urban			535,902	74.8							
	rural			161,120	22.5							
	frontier			18,967	2.6							
CA34	% of household relationships under 18								22	22		
	own child				91.2		89.0					
	grandchild				4.5		6.3					
	other relatives				2.2		2.7					
	foster or unrelated child				2.1		1.9					
CA35	% of unmarried partner in households with children under 18				5.7		6.3		22			
CA36	% children living in household with Supplemental Security Income (SSI), cash public assistance income, or Food Stamps in the past 12 months				14.4		18.6		23			
CA37	% in TANF (grant) Families				5.9				23			
CA38	% living in foster homes	7,507	0.9	9,187	1.2				23			
CA39	% enrolled in food stamps	63,157	6.8	142,329	18.3				23			
CA40	% enrolled in WIC	78,626	9.7	91,406	11.8				24			
CA41	% Grandparent householder responsible for own grandchildren under 18 years				2.5		3.5		22	22		



Code⁴ Health Indicator

Code ⁴	Health Indicator	Kansas				United States		HP2010 Goal ³	Notes Related to Current ² Data			
		Historical ¹		Current ²		Historical ¹	Current ²		Source		County-level?	Comments
		Number	Statistic	Number	Statistic				KS	U.S.		
CA42	% of children in families of							22	22			
	Husband-wife				70.0		68.8					
	Male reference				7.1		6.3					
	Female reference				22.9		24.9					
CA43	% of children in poverty by family types							22	22			
	Husband-wife				7.5		9.2					
	Husband				20.4		22.3					
	Wife				46.6		43.4					
CA44	% of children in husband-wife families by race							22	22			
	White				72.5		74.8					
	Black				46.1		37.8					
	Native American				41.8		53.1					
	Asian				82.4		83.5					
	Pacific Islander (includes Hawaiian)				NE		64.5					
	Multiracial				63.0		62.4					
CA45	% of children in impoverished families by race							22	22			
	White				16.3		14.5					
	Black				39.2		34.1					
	Native American				35.9		32.3					
	Asian				12.0		11.9					
	Pacific Islander (includes Hawaiian)				NE		123.2					
	Multiracial				24.4		18.6					
CA46	Insurance Type All Children							25	25			
	Employer				55.9		55.3					
	Individual				6.3		4.4					
	Medicaid				28.0		27.6					
	Other Public				NE		1.4					
	Uninsured				7.7		11.0					
CA47	% of children enrolled in Medicaid			214,260	27.6			26				
CA48	% of children enrolled in SCHIP			60,156	7.7			27				
CA49	% of children in =<200% FPL with insurance				33.4		33.9	25	25			
CA50	% of Children (0-18) in poverty				22.0		23.0	28	28			
CA51	Federal Poverty Level											
	<=50%				6.0			22				
	<=100%				17.4			25				
	<=200%				40.1			25				
CA52	Insurance Type Children living in Poverty							29	29			
	Employer				15.0		12.6					
	Medicaid				63.7		62.5					
	Uninsured				14.0		20.4					
CA53	% of children <i>without</i> chronic conditions				75.6		77.7	28	28			
CA54	% of children with one or more current conditions that are moderate or severe				11.3		10.6	28	28			
CA55	% of adults with children				38.0		36.0	25	25			
CA56	% children with US citizenship				98.0		97.0	25	25			



Code⁴ Health Indicator

Code ⁴	Health Indicator	Kansas				United States		HP2010 Goal ³	Notes Related to Current ² Data			
		Historical ¹		Current ²		Historical ¹	Current ²		Source		County-level?	Comments
		Number	Statistic	Number	Statistic				KS	U.S.		
CA57	% children (5-17) population that do speak English not well or not at all that speak							22	22			
	Spanish				1.9		1.4					
	Other Indo-European				0.1		0.2					
	Asian or Pacific Island				0.2		0.2					
	Other				0.0		0.1					
CA58	Number of foster children			524				30				
CA59	% without special need				27.0		18.0					
CA60	mean age of adoption finalized (years)				6.8		6.6				average across 50 states	

Immunization

CA61	Children 19-35 months that receive DTP, polio, MCV, HepB, and HIB		66.8		78.2		78.2		5	5	
CA62	4:3:1:3:3 in poverty				81.8		80.0				
	Adolescents boosters at least once							5	5		
CA63	Tdap				46.8		40.8				
CA64	MCV4				25.6		41.8				
CA65	HPV4 (females)				30.1		37.2				

Health Status

CA66	Percent of children in excellent or very good health				85.3		84.4		28	28	
CA67	Percent of children with excellent or very good oral health				71.3		70.7		28	28	
CA68	Percent of children age 0-5 with injuries requiring medical attention in the past year				10.2		10.4		28	28	
CA69	Percent of children age 4 months to 5 years determined to be at moderate or high risk based on parents' specific concerns				27.4		26.4		28	28	
CA70	Percent of children age 6-17 who exhibit two or more positive social skills				94.2		93.6		28	28	
CA71	Percent of children age 6-17 who missed 11 or more days of school in the past year due to injury or illness				7.0		5.8		28	28	
CA72	% of children who got enough sleep every night in past week				59.6		64.3		28	28	
CA73	% of children (10-17 years) who are overweight or obese				31.1		31.7		28	28	
CA74	% of children (6-17 years) who engaged in rigorous physical activity more than 3 times in past week				65.9		64.3		28	28	
CA75	Rate of child deaths (1-14 years) per 1000				23.0		20.0		29	29	
CA76	Rate of teen (15-19) deaths per 1000				66.0		65.0		29	29	
CA77	% high schoolers who have ever been told they had asthma				20.1		20.3		10	10	
CA78	Child Abuse/neglect								31	31	
CA79	Total Rate of referrals	29,786	41.8	31,402	45.1		43.0		31	31	
CA80	Rate child victims	8,356	11.7	2,272	3.3		10.6		31	31	
CA81	% first time victims			1,906	87.2		75.4		31	31	

Code ⁴	Health Indicator	Kansas				United States		HP2010 Goal ³	Notes Related to Current ² Data			
		Historical ¹		Current ²		Historical ¹	Current ²		Source		County-level?	Comments
		Number	Statistic	Number	Statistic				KS	U.S.		
CA82	Race/Ethnic Rate								31	31		
	Black	1,228	18.7	279	5.6		16.7					
	NIAN	96	8.3	18	2.8		14.2					
	Asian	43	2.6	14	0.9		2.4					
	Hispanic	226	2.8	145	1.6		10.3					
	Multiple Race	114		76	3.5		14.0					
	PI	*		4	9.6		13.7					
	White	6,203	8.9	1,708	3.3		9.1					
	% population by type of maltreatment								31	31		
CA83	Medical neglect	2,187	26.2	40	1.8		0.9					
CA84	Multiple maltreatments			211	9.3		13.1					
CA85	Neglect	6,438	77.0	413	18.2		59.0					
CA86	Other	6,895	88.0	466	20.5		4.2					
CA87	Physical Abuse	4,537	54.3	332	14.6		10.8					
CA88	Psychological Maltreatment	7,362	88.1	226	9.9		4.2					
CA89	Sexual Abuse	2,293	27.4	583	25.7		7.6					
CA90	Rate of child Fatalities from abuse			10	1.4		2.4		31	31		

Injuries (rates per 100,000)

CA91	All fatal injuries age adjusted per 100,000 for children (0-19)	670	27.5	713	22.4		20.9		32	32		
CA92	Unintended	505	20.7	542	17.0		14.5					
CA93	Violence-related	78	3.2	82	2.6		3.8					
CA94	Suicide	78	3.1	81	2.5		2.2					
CA95	Undetermined	9	0.4	8	0.3		0.4					
	Injury deaths age adjusted per 100,000 for children (0-19)								32	32		
CA96	Drowning	29	1.2	42	1.3		1.4					
CA97	Fire/burn	37	1.6	29	0.9		0.7					
CA98	Firearm	99	4.0	97	3.0		3.6					
CA99	Suffocation	67	2.8	67	2.2		2.5					
CA100	Occupant in motor vehicle	236	9.6	293	9.2		4.3					
CA101	Pedal cyclist (includes motor vehicle)	3	0.1	8	0.3		0.2					
CA102	Pedestrian (includes motor vehicle)	25	1.0	24	0.8		1.1					
CA103	Poisoning	10	0.4	31	1.0		1.2					
CA104	Rate of all nonfatal hospitalizations for nonfatal injuries by age group								33	33		
	0-4			552	149.9		286.1					
	5-14			562	300.4		225.9					
	15-24			1,929	463.4		484.0					
CA105	Unintended fall-related hospitalizations by age group								33	33		
	0-4			143	38.8		79.4					
	5-14			158	84.5		63.8					
	15-24			171	41.1		44.6					
CA106	Firearm-related hospitalizations (15-24)			96	23.1		29.1		33	33		
CA107	Assault-related Hospitalizations (15-24)			202	48.5		58.8		33	33		

Code ⁴	Health Indicator	Kansas				United States		HP2010 Goal ³	Notes Related to Current ² Data			
		Historical ¹		Current ²		Historical ¹	Current ²		Source		County-level?	Comments
		Number	Statistic	Number	Statistic				KS	U.S.		
CA108	Motor vehicle traffic hospitalizations by age group							33	33			
	0-4			60	16.3		21.4					
	5-14			92	49.2		35.3					
	15-24			527	126.6		130.7					
CA109	% Motor vehicle accident with improper or no restraints used in children (0-17)			68	55.7		38.1		34	34		
CA110	% Police reported alcohol involved in motor vehicle crashes with children (0-17)			7	8.9		3.1		34	34		
CA111	Poisoning indicator hospitalizations by age group							32	32			
	0-4			100	27.2							
	5-14			57	30.5							
	15-24			459	110.3							
CA112	Suicide attempt hospitalizations by age group							32	32			
	0-14			42	7.6		6.4					
	15-24			361	86.7		70.2					
CA113	Traumatic brain injury hospitalizations by age group							32	32			
	0-4			123	33.4		73.8					
	5-14			125	66.8		46.8					
	15-24			458	110.0		100.5					
CA114	% students suicides that needed medical attention				2.1		2.0	10	10			
CA115	% who rarely or never wear a bicycle helmet				88.6		85.1	10	10			
CA116	% who rarely or never wear a car seatbelt				15.0		11.1	10	10			
CA117	% students who rode with a driver in past month that had alcohol				30.7		29.1	10	10			
CA118	% high schoolers that attempted suicide				6.7		6.9	10	10			

Deaths of Children (0-14 years)

CA119	Total	412		418				35			
	% Male	227	55.1	237	56.7						
CA120	Age Group (rates per 10,000)							35			
	rate less 1 year	282	71.7	303	72.5						
	rate 1-4 years	62	4.2	64	4.0						
	rate 5-14 years	68	3.6	51	1.3						
CA121	Race/Ethnicity (rates per 10,000)							35			
	rate non-Hispanic white	333	7.6	258	6.1						
	rate non-Hispanic black	58	12.0	54	10.9						
	rate non-Hispanic Native American			4	6.1						
	rate non-Hispanic Asian/Pacific Islander			8	12.1						
	rate non-Hispanic Other	12	6.2	17							
	rate Hispanic	55	8.3	76	8.8						



Code⁴ Health Indicator

Code ⁴	Health Indicator	Kansas				United States		HP2010 Goal ³	Notes Related to Current ² Data			
		Historical ¹		Current ²		Historical ¹	Current ²		Source		County-level?	Comments
		Number	Statistic	Number	Statistic				KS	U.S.		
	Selected Causes							35				
CA122	rate malignant neoplasms	14	3.7	13	3.1							
CA123	rate heart diseases	4	1.1	8	1.9							
CA124	rate cerebrovascular diseases	3	0.8	9	2.2							
CA125	rate pneumonia or influenza (flu)	2	0.5	5	1.2							
CA126	rate congenital anomalies	74	19.7	89	21.3							
CA127	rate unintentional injuries	62	16.5	54	12.9							
CA128	rate suicide	3	0.8	2	0.5							
CA129	rate homicide	10	2.7	11	2.6							

Adolescent Health and Behaviors

CA130	% who drove a vehicle under the influence of alcohol				15.3			10	10		significantly different
CA131	% suffered physical abuse from partner				10.1			10	10		
CA132	% students who had sexual intercourse				45.0			10	10		
CA133	% physically coerced into sexual intercourse				8.3			10	10		
CA134	% who drove a vehicle under the influence of alcohol				15.3			10	10		
CA135	% suffered physical abuse from partner				10.1			10	10		
CA136	% students who had sexual intercourse				45.0			10	10		
CA137	% physically coerced into sexual intercourse				8.3			10	10		
CA138	% who had sexual intercourse before 13 years				6.5			10	10		
CA139	% who had at least 4 partners in their lifetime				15.4			10	10		
CA140	% who had sexual intercourse and used drugs or alcohol prior to sexual intercourse				25.9			10	10		
CA141	% who have been taught about AIDS or HIV in school				84.8			10	10		significantly different
CA142	% of those who had sexual intercourse and used a condom				65.8			10	10		
CA143	% of those who had sexual intercourse and take birth control pills				17.3			10	10		
CA144	% stopped usual activity due to sadness or despair				25.0			10	10		
CA145	% seriously considered suicide				13.9			10	10		
CA146	% attempted suicide past year				9.6			10	10		
CA147	% who tried cigarettes				48.6			10	10		
CA148	% who smoked before 13 years				14.0			10	10		
CA149	% who ever smoked daily for a month				14.1			10	10		
CA150	% who used chewing tobacco, snuff or dip				9.4			10	10		
CA151	% who smoked cigars, cigarillos, or little cigars				14.4			10	10		
CA152	% who ever had drink of alcohol				69.7			10	10		significantly different
CA153	% who drank before 13 years				23.3			10	10		
CA154	% binge drink in past month				27.1			10	10		
CA155	% who ever tried marijuana				31.1			10	10		significantly different
CA156	% who ever used any form of cocaine				8.7			10	10		
CA157	% who sniffed glue, paints, or sprays to get high				12.5			10	10		
CA158	% who ever used heroine				4.2			10	10		significantly different
CA159	% who ever used methamphetamines				6.2			10	10		significantly different
CA160	% who ever used ecstasy				8.6			10	10		significantly different
CA161	% who ever used steroid pills or shots				3.9			10	10		
CA162	% who ever injected illegal drugs				3.3			10	10		



Code ⁴	Health Indicator	Kansas				United States		HP2010 Goal ³	Notes Related to Current ² Data			
		Historical ¹		Current ²		Historical ¹	Current ²		Source		County-level?	Comments
		Number	Statistic	Number	Statistic				KS	U.S.		
CA163	% students who are obese				11.1		13.0		10	10		
CA164	% students who are overweight				14.4		15.8		10	10		
CA165	% of students trying to lose weight				44.6		45.2		10	10		
CA166	% students who take diet pills, powder, or liquid to lose weight without doctors authorization				5.8		5.9		10	10		
CA167	% students who vomited or use laxatives to lose weight				4.8		4.3		10	10		
CA168	% students physically active to breathe hard and increase heart rate for at least an 5 hours per week				45.1		34.7		10	10		significantly different
CA169	% who watch at least 3 hrs of TV a day				25.9		35.4		10	10		significantly different
CA170	% who played video or computer games at least 3 hrs per day				20.1		24.9		10	10		significantly different
CA171	% who still have asthma				10.4		10.9		10	10		

Healthcare Status

CA172	percent of children currently insured				89.8		90.9		28	28	No	
CA173	percent of children lacking consistent insurance coverage in the past year				14.6		15.1		28	28		
CA174	percent of children with a preventive medical visit in the past year				90.4		88.5		28	28		
CA175	percent of children with a preventive dental visit in the past year				78.7		78.4		28	28		
CA176	percent of children age 10 months to 5 years who received a standardized screening for developmental or behavioral problems				24.7		19.5		28	28		
CA177	percent of children age 2-17 with problems requiring counseling who received mental health care				72.3		60.0		28	28		
CA178	percent of children who received care within a medical home				61.3		57.5		28	28		

School and Activities

CA179	percent of children age 6-17 who are adequately engaged in school				81.4		80.5		28	28	No	
CA180	percent of children age 6-17 who have repeated at least one grade				4.9		10.6		28	28	No	
CA181	percent of children age 6-17 who participate in activities outside of school				86.9		80.7		28	28	No	
CA182	percent of children age 1-5 who watched more than one hour of TV or video during a weekday				55.0		54.4		28	28	No	
CA183	% of teens who work at least 10 hours previous week				16.4		11.5		28	28	No	
CA184	% eligible for free lunch program				29.1		33.4		36	36		
CA185	% eligible for reduced lunch				9.8		7.8		36	36		
CA186	% served by English Language learners/limited English proficient				6.2		5.1		36	36		
CA187	Average household size for enrollees				2.5		2.6		36	36		
CA188	% of high school dropouts (grades 9-12)		3.0		3.4				37			
CA189	% students threatened or injured by weapon on campus				8.7		7.8		10	10		
CA190	% felt unsafe and skipped school				5.7		5.5		10	10		



Code ⁴	Health Indicator	Kansas		United States		HP2010 Goal ³	Notes Related to Current ² Data			
		Historical ¹	Current ²	Historical ¹	Current ²		Source		County-level?	Comments
		Number	Statistic				KS	U.S.		

CA191	% who had property stolen or damaged on campus				24.8		27.1		10	10		
CA192	% in a physical fight on campus				10.6		12.4		10	10		
CA193	% students offered, given or sold illegal drugs on campus				15.0		22.3		10	10		significantly different

Child's Family

No

CA194	percent of children who live with their mothers, the percentage whose mothers are in excellent or very good physical and emotional health				61.3		56.9		28	28		
CA195	% of children whose mothers exercise, play sports, or participate in physical activity for at least 20 minutes that made her sweat and breathe hard at least 3 times in past week				49.1		51.0		28	28		
CA196	percent of children who live with their fathers, the percentage whose fathers are in excellent or very good physical and emotional health				63.7		62.7		28	28		
CA197	% of children whose father exercise, play sports, or participate in physical activity for at least 20 minutes that made him sweat and breathe hard at least 3 times in past week				57.1		59.7		28	28		
CA198	percent of children who live in households where someone smokes				26.4		26.2		28	28		
CA199	percent of children age 0-5 whose parents made emergency child care arrangements last month and/or a job change for child care reasons last year				34.5		30.7		28	28		
CA200	% of children (0-5 years) who do not receive more than 10 hours of childcare per week				46.6		45.8		28	28		
CA201	% of children whose parents are employed full-time with incomes less than 100% of the federal poverty level				9.7		11.8		28	28		
CA202	% of children (6-11 years) who spent some amount of time alone without adult supervision in the past week				18.1		9.3		28	28		
CA203	% of parents who are often aggravated towards their child				8.9		10.2		28	28		
CA204	% high schoolers who ate fruits and vegetables at least 5 times a day in past week				20.8		21.4		10	10		
CA205	% high schoolers who drank soda pop at least once in past week				33.1		33.8		10	10		
CA206	% high schoolers who drank at least 3 cups of milk a day				17.0		14.1		10	10		significantly different



Code⁴ Health Indicator

		Kansas				United States		Notes Related to Current ² Data				
		Historical ¹		Current ²		Historical ¹	Current ²	HP2010 Goal ³	Source		County-level?	Comments
		Number	Statistic	Number	Statistic				KS	U.S.		
Child and Family's Neighborhood												
CA207	percent of children who live in neighborhoods with a park, sidewalks, a library, and a community center				48.8		48.2		28	28	No	
CA208	percent of children who live in neighborhoods with poorly kept or dilapidated housing				18.3		14.6		28	28	No	
CA209	percent of children living in neighborhoods that are supportive				86.7		83.2		28	28	No	
CA210	percent of children living in neighborhoods that are usually or always safe				90.2		86.1		28	28	No	
CA211	% homicide victims	78		104								
CA212	<14		13.6		7.4				38			
CA213	15-17		7.6		2.1				38			
CA214	Juvenile crime of children (5-18) rate per 100,000				3741.0				39			
CA215	% of students that carried weapons				18.4		18.0		10	10		
CA216	% of students that carried guns				7.7		5.2		10	10		significantly different
CA217	% high schoolers in physical fight				30.3		35.5		10	10		significantly different
CA218	% high schoolers in physical fight that needed medical attention				3.8		4.2		10	10		
CA219	% high schoolers who get cigarettes from a store or gas station				15.6		16.0		10	10		
CA220	% high schoolers who get alcohol from a store or gas station				3.9		5.2		10	10		

Kansas		United States		Notes Related to Current ² Data						
Historical ¹		Current ²		Historical ¹	Current ²	HP2010 Goal ³	Source		County-level?	Comments
Number	Statistic	Number	Statistic				KS	U.S.		

Footnotes and Abbreviations

Historical¹ - Reported for MCH2010 process; see source notes at bottom for data year, where applicable

Current² - Latest available data for MCH2015; see source notes at bottom for data year

Goal³ - Healthy People 2010 Goal

Code⁴ - This is the renumbered code, fixing the issue from CA159 on. Please unhide column B to compare with the old code.

Data Sources

1. US Census, Kansas Information for Communities/US Census Population Estimates
2. US Census, American Community Survey
3. US Census, U.S. Census Current Population Survey
4. Pediatric Nutrition Surveillance System
5. National Immunization Survey
6. Smiles Across Kansas
7. KAN-Be-Healthy annual participation report
8. Child Maltreatment 2007, National Child Abuse and Neglect Data System of the Children's Bureau
9. Childhood Lead Poisoning Prevention Program
10. Youth Risk Behavior Survey 2007
11. Bureau of Public Health Informatics, Kansas Department of Health and Environment, Annual Summary of Vital Statistics
12. Web-based Injury Statistics Query and Reporting System
13. Hospital Discharge Data
14. Kansas Department of Transportation
15. Hospital Discharge Data
16. National Hospital Discharge Survey
17. Kansas Community Health Centers
18. STD Section, Kansas Department of Health and Environment
19. Centers for Disease Control and Prevention STD surveillance 2007
20. NCHS, National Vital Statistics Reports, vol 57 no 12
21. NCHS, National Vital Statistics Reports, vol 56 no 15
22. Census. American Community Survey 2005-2007
23. Kansas Department of Social and Rehabilitation Services
24. Women, Infants, and Children
25. Census. U.S. Census Current Population Survey 2007
26. Kansas Medical Assistance Program Reporting System, KAN-Be-Healthy annual participation report
27. Kansas Medical Assistance Program Reporting System, Well Child for HW21 report
28. National Survey of Children Health 2007
29. Kaiser State Health facts
30. U.S. Health Resources and Service Administration. Adoption data 2006
31. U.S. Health Resources and Service Administration. Abuse and Neglect data 2007
32. Web-based Injury Statistics Query and Reporting System 2003 -2006
33. Web-based Injury Statistics Query and Reporting System 2005
34. U.S. Department of Transportation, Fatality Analysis Reporting System 2008
35. Kansas Department of Health and Environment. Annual Summary of Vital Statistics 2008
36. U.S. National Centers for Education Statistics 2005
37. Kansas State Department of Education
38. US Bureau of Justice. Online Data 2005.
39. Kansas Bureau of Investigation

Children and Adolescents Follow-Up Research: Additional Data 1

Code		Kansas				United States		Source	Comment
		Historical		Current		Historical	Current		
		Number	Statistic	Number	Statistic				
Demographics									
CA44	% of children in husband-wife families by ethnicity							1	
	Hispanic				54.9		66.9		
	Non-Hispanic				73.1		69.7		
CA45	% of children in impoverished families by ethnicity							1	
	Hispanic				38.6		27.9		
	Non-Hispanic				15.3		15.0		
CA7	Percent of uninsured children by age							1	
	0-5 years				8.9		10.2		
	6-11 years				8.0		10.2		
	12-17 years				8.6		12.1		
Health Status									
CA47	Percent of eligible Medicaid recipients who get at least one periodic screen by age							2	
	<1 years			19227	89.4				
	1-5 years			48556	70.3				
	6-9 years			14555	44.3				
	10-14 years			14353	47.0				
	15-18 years			11794	53.4				
CA178	Percent of children with a medical home defined by AAP by age							3	
	0-5 years				67.7		64.0		
	6-11 years				59.0		55.2		
	12-17 years				57.0		53.4		
CA178	Percent of children with a medical home defined by AAP by race/ethnicity							3	
	White, non-Hispanic				66.9		68.0		
	Black, non-Hispanic				45.2		44.2		
	Other, non-Hispanic				50.2		48.6		
	Multi-racial, non-Hispanic				68.8		63.0		
	Hispanic				36.4		38.5		

Children and Adolescents Follow-Up Research: Additional Data 1

Code		Kansas				United States		Source	Comment
		Historical		Current		Historical	Current		
		Number	Statistic	Number	Statistic				
CA178	Percent of children with a medical home defined by AAP by insurance type							3	
	Public (includes SCHIP and Medicaid)				49.8		45.4		
	Private health insurance				68.7		66.5		
	Currently Uninsured				39.9		35.7		
	Rate of child victims by type of abuse/neglect per 100,000 children							10	
	0-5 years			963	495				
	6-11 years			768	340				
	12-17 years			582	247				
CA78	Rate of child victims by type of abuse/neglect per 100,000 children							4	
	Medical neglect			40	6.1		9.2		
	Multiple maltreatments			211	32.2		131.8		
	Neglect			413	63.0		592.9		
	Other			466	71.1		42.3		
	Physical Abuse			332	50.6		108.4		
	Psychological Maltreatment			226	34.5		42.6		
	Sexual Abuse			583	88.9		76.6		
CA78	Percent of child abuse/neglect cases by relationship to child							4	
	Adoptive Parent			22	0.8		0.4		
	Biological Parent			1637	58.0		65.2		
	Stepparent			168	5.9		3.1		
	Foster Parent			10	0.4		0.4		
	Friends or Neighbors			10	0.4		0.5		
	Other Relative			333	11.8		6.6		
CA221	Percent of child sexual abuse victims removed from home			64	20.8		3.2	4	
CA222	Percent of parents who report that their child (2-17 years) had or ever had depression				4.6		3.7	3	
CA71	Percent of public student body missing more than 10 days of school				21.3			5	Data is of all absences. Data cannot be looked at solely for injury or illness.
CA223	Median (50th percentile) number of school days missed by the public student body in 2009.				5.5			5	
CA224	Average number of school days missed by the public student body in 2009.				7.8			5	

Children and Adolescents Follow-Up Research: Additional Data 1

Code		Kansas				United States			Source	Comment
		Historical		Current		Historical	Current			
		Number	Statistic	Number	Statistic					
Adolescent Health and Behaviors										
CA151	Percentage of students who smoked cigarettes on at least 1 day during the 30 days before the survey				20.6		20.0	6		
CA30	Rate of chlamydia reported in teenage females (15-19) per 100,000 by race							7	Racial and ethnic information are missing in more than 30% of cases reported to state.	
	White, non-Hispanic				745.0					
	Black, non-Hispanic				6341.0					
	Hispanic				1522.0					
CA225	Rate per 1,000 youths aged 15-19 years with a reported case of Gonorrhea	753	3.7	860	4.3	4.4	4.5	8	U.S CDC. Wonder STDS	
CA226	Rate per 100,000 youths aged 15-19 years with a reported case of early Syphilis		1.5		2.5	1.3	4.2	8		

Child and Family's Neighborhood										
CA214	Juvenile Arrests by Offense (rates per 100,000) for children (5-17 years old)								9	
	Rape	36	6.1	47	8.1					
	Aggravated Assault/Battery	346	58.7	325	56.0					
	Simple Assault/Battery	2517	426.8	1796	309.7					
	Kidnapping/Abductions	9	1.5	16	2.8					
	Intimidation/Stalking/Criminal Threat	186	31.5	186	32.1					
	Total Sexual Offenses	134	22.7	141	24.3					
	Total Drug Arrests	1967	333.5	1582	272.8					
	DUI	356	60.4	296	51.0					
	Liquor Violations/Drunkenness	1650	279.8	1732	298.7					
	Runaway	1319	223.7	1607	277.1					

*Juvenile Arrests Notes:	In 2008, Kansas City and 39 other jurisdictions did not report for this year
	In 2008, 68 jurisdictions had less than 11 reporting months
	In 2003, 72 jurisdictions did not report for this year
	Completeness of reports could not be evaluated for 2003



Children and Adolescents Follow-Up Research: Additional Data 1

		Metro Counties		Non-Metro Counties		Source
		Number	Statistic	Number	Statistic	
CA214	Juvenile Arrests by Offense (rates per 100,000) for children (5-17 years old)					9*
	Rape	21	6.9	26	5.2	
	Aggravated Assault/Battery	182	59.7	143	28.7	
	Simple Assault/Battery	1052	344.9	744	149.4	
	Kidnapping/Abductions	11	3.6	5	1.0	
	Intimidation/Stalking/Criminal Threat	97	31.8	89	17.9	
	Total Sexual Offenses	92	30.2	49	9.8	
	Total Drug Arrests	1104	362.0	478	96.0	
	DUI	143	46.9	153	30.7	
	Liquor Violations/Drunkenness	751	246.2	981	197.0	
	Runaway	943	309.2	664	133.3	

*Juvenile Arrests	Kansas City and 39 other jurisdictions did not report for this year
Notes:	68 jurisdictions had less than 11 reporting months
	Does not include offenses committed in this county but reported by state agency (KBI, KHP, ABC, or KWP)

Sources

1. U.S. Census. Current Population Survey 2005-2007.
2. KHPA. Kan-be Healthy Annual Participation report.10/01/2007-09/30/2008
3. Health Resources and Services Administration (HRSA). National Survey of Children with Special Health Care Needs (CSHCN) 2007.
4. Child Maltreatment 2007, National Child Abuse and Neglect Data System of the Children's Bureau
5. KSDE. Special request program data. 2009.
6. Center for Disease Control and Prevention (CDC). Youth Risk Behavior Surveillance System (YRBSS) 2007
7. KDHE. STD program data, 2007.
8. KDHE. STDS Jan-Dec Report. 2003, 2008. U.S
9. KBI. Juvenile Arrests by Agency. 2008, 2003
10. Kansas SRS. Child Maltreatment Program data 2007

Children and Adolescents Follow-Up Research: Additional Data 2

Code	Indicator	Ages 0-21		Age 0		Ages 1-4		Ages 5-9		Ages 10-14		Ages 15-19		Ages 20-21	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
CA227	Children ages 0-21 (2008)	866,810		42,425		160,104		192,365		187,678		199,858		84,380	
	White	754,500	87.0%	36,198	85.3%	137,525	85.9%	166,607	86.6%	164,238	87.5%	175,577	87.9%	74,355	88.1%
	Black or African American	77,598	9.0%	4,184	9.9%	15,221	9.5%	17,665	9.2%	16,390	8.7%	17,233	8.6%	6,905	8.2%
	American Indian or Native Alaskan	12,888	1.5%	691	1.6%	2,639	1.6%	2,820	1.5%	2,536	1.4%	2,934	1.5%	1,268	1.5%
	Asian or Native Hawaiian or Other Pacific Islander	21,824	2.5%	1,352	3.2%	4,719	2.9%	5,273	2.7%	4,514	2.4%	4,114	2.1%	1,852	2.2%
	Hispanic	115,389	13.3%	6,831	16.1%	26,550	16.6%	28,624	14.9%	24,455	13.0%	21,021	10.5%	7,908	9.4%
	Non-Hispanic	751,421	86.7%	35,594	83.9%	133,554	83.4%	163,741	85.1%	163,223	87.0%	178,837	89.5%	76,472	90.6%
	Metropolitan*	521,448	60.2%	26,054	61.4%	99,575	62.2%	119,589	62.2%	114,931	61.2%	115,272	57.7%	46,027	54.5%
	Non-Metropolitan	345,362	39.8%	16,371	38.6%	60,529	37.8%	72,776	37.8%	72,747	38.8%	84,586	42.3%	38,353	45.5%

*Butler, Douglas, Harvey, Johnson, Leavenworth, Miami, Sedgwick, Shawnee, and Wyandotte

Code	Indicator	Ages 0-21		Age 0		Ages 1-4		Ages 5-9		Ages 10-14		Ages 15-19		Ages 20-21	
		Number	Statistic	Number	Statistic	Number	Statistic	Number	Statistic	Number	Statistic	Number	Statistic	Number	Statistic
CA228	Children ages 0-21 (2008)	866,810		42,425		160,104		192,365		187,678		199,858		84,380	
	White, non-Hispanic	648,261	74.8%	30,018	70.8%	113,461	70.9%	140,084	72.8%	141,637	75.5%	156,104	78.1%	66,957	79.4%
	Black or African American, non-Hispanic	72,388	8.4%	3,778	8.9%	13,868	8.7%	16,484	8.6%	15,269	8.1%	16,355	8.2%	6,634	7.9%
	American Indian or Native Alaskan, non-Hispanic	10,125	1.2%	521	1.2%	1,864	1.2%	2,189	1.1%	2,021	1.1%	2,439	1.2%	1,091	1.3%
	Asian or Native Hawaiian or Other PI, non-Hispanic	20,647	2.4%	1,277	3.0%	4,361	2.7%	4,984	2.6%	4,296	2.3%	3,939	2.0%	1,790	2.1%
	Hispanic	115,389	13.3%	6,831	16.1%	26,550	16.6%	28,624	14.9%	24,455	13.0%	21,021	10.5%	7,908	9.4%

Source: U.S. Census, 2008 (bridged population data)

Children and Adolescents Follow-Up Research: Additional Data 2

Code	Indicator	Ages 1-21			Ages 1- 4			Ages 5-9			Ages 10-14			Ages 15-19			Ages 20-21		
		Number	Den	Rate	Number	Den	Rate	Number	Den	Rate	Number	Den	Rate	Number	Den	Rate	Number	Den	Rate
CA229	Child death rate per 100,000 children aged 1-21 (2005-2008 combined)	1294	3272580	39.5	197	619810	31.8	105	750683	14.0	143	755942	18.9	521	806097	64.6	328	340048	96.5
	White, non-Hispanic	893	2491583	35.8	116	452187	25.7	66	555114	11.9	107	577069	18.5	365	636773	57.3	239	270440	88.4
	Black or African American, non-Hispanic	156	267037	58.4	26	53490	48.6	17	63102	26.9	15	61216	24.5	54	63451	85.1	44	25778	170.7
	American Indian or Native Alaskan, non-Hispanic	*	36693		*	6352		*	8026		*	8165		*	9756		*	4394	
	Asian or Native Hawaiian or Other PI, non-Hispanic	*	75347		*	16726		*	18778		*	16560		*	15762		*	7521	
	Hispanic	176	401920	43.8	41	91055	45.0	15	105663	14.2	19	92932	20.4	65	80355	80.9	36	31915	112.8
	Metropolitan**	664	1,945,387	34.1	101	383,088	26.4	57	460,971	12.4	68	458,159	14.8	267	459,797	58.1	171	183,372	93.3
	Non-Metropolitan	630	1,327,193	47.5	96	236,722	40.6	48	289,712	16.6	75	297,783	25.2	254	346,300	73.3	157	156,676	100.2

**Butler, Douglas, Harvey, Johnson, Leavenworth, Miami, Sedgwick, Shawnee, and Wyandotte

Note:

*Number too small to calculate rate (<10 in 2005-2008 combined years)

Sources:

Numerator: KDHE, Bureau for Public Health Informatics (2005-2008)

Denominator: U.S. Census (2005-2008), bridged population data

Children and Adolescents Follow-Up Research: Additional Data 2

Code
 CA230 **Leading Causes of Death by Age-Group, 2008**

Under 1 Year

Cause	Number
CONGENITAL ANOMALIES	77
SIDS	52
LENGTH GEST./FETAL GROWTH	47
MATERNAL FACTORS & COMPL.	32
UNINTENTIONAL INJURIES	12
OTHER CAUSES	83
TOTAL	303

1-4 Years

Cause	Number
UNINTENTIONAL INJURIES	22
CONGENITAL ANOMALIES	9
HOMICIDE	5
CANCER	4
PNEUMONIA AND INFLUENZA	3
OTHER CAUSES	21
TOTAL	64

5-14 Years

Cause	Number
UNINTENTIONAL INJURIES	20
CANCER	9
HEART DISEASE	3
CONGENITAL ANOMALIES	3
CEREBROVASC. DIS.	2
SUICIDE	2
OTHER CAUSES	12
TOTAL	31

15-24 Years

Cause	Number
UNINTENTIONAL INJURIES	152
SUICIDE	69
HOMICIDE	36
CANCER	23
HEART DISEASE	12
OTHER CAUSES	57
TOTAL	349

Source: KDHE, 2008 Annual Summary of Vital Statistics: http://www.kdheks.gov/hci/as/2008/AS_2008.pdf

Children and Adolescents Follow-Up Research: Additional Data 2

Code	Indicator	Ages 15-17			Ages 15-19		
		Number	Den	Rate*	Number	Den	Rate*
CA231	Teenage pregnancy (TP) rate* (2008)						
	Total	1552	57321	27.1	5305	96531	55.0
	Metropolitan**	900	34308	26.2	2992	56091	53.3
	Non-Metropolitan	652	23013	28.3	2313	40440	57.2
	White, non-Hispanic	815	44397	18.4	3144	75638	41.6
	Metropolitan**	403	25635	15.7	1559	42212	36.9
	Non-Metropolitan	412	18762	22.0	1585	33426	47.4
	Black or African American, non-Hispanic	224	4701	47.6	681	7797	87.3
	Metropolitan**	201	3834	52.4	609	6257	97.3
	Non-Metropolitan	23	867	26.5	72	1540	46.8
	Hispanic	443	6351	69.8	1210	9989	121.1
	Metropolitan**	254	3554	71.5	654	5535	118.2
	Non-Metropolitan	189	2797	67.6	556	4454	124.8

Note:

*Rate per 1,000 female race/Hispanic age-group population

**Butler, Douglas, Harvey, Johnson, Leavenworth, Miami, Sedgwick, Shawnee, and Wyandotte

Sources:

Numerator: KDHE, Bureau for Public Health Informatics, 2008

Denominator: U.S. Census, 2008 (bridged population data)

Appendix C

Children and Youth with Special Health Care Needs (CYSHCN) Data Indicator Tables

C. 1. CYSHCN Indicator List

C. 2. CYSHCN Follow-Up Research: Additional Data

Children and Youth with Special Health Care Needs (CYSHCN) Indicator List

Code	Health Indicator	Historical*	Current**		Source	Comments
		Kansas	Kansas	U.S.		
Screening						
CYSHCN1	% of children (4 months-5years) whose parents report concern about child's physical, behavioral, or social development		35.6	37.4	1	
CYSHCN2	% of children (4 months-5years) who are at low or no risk for developmental, behavioral or social delays		73.5	76.3	1	
CYSHCN3	% of children (6-17 years) who consistently exhibit problematic social skills		9.4	8.8	1	
CYSHCN4	% of Infants screened for hearing without need for additional follow-up		98		2	
Demographics						
CYSHCN5	% of children with special health care needs age 0 to 17: Person	14.7	16	13.9	3	
CYSHCN6	% of children with any disability age 5 to 20		6.4	6.5	4	
CYSHCN7	Age group					
	Age 0-5	8.4	10.3	8.8	3	
	Age 6-11	17.5	17.3	16	3	
	Age 12-17	17.7	20.3	16.8	3	
CYSHCN8	Age group					
	Age 5-15		6.3	6.4	4	
	Age 16-20		6.7	6.9	4	
CYSHCN9	Gender					
	Male	16.8	18.8	16.1	3	
	Female	12.6	13.2	11.6	3	
CYSHCN10	Gender					
	Male		8.1	7.9	4	
	Female		4.7	5.1	4	
CYSHCN11	Race					
	White (Non-Hispanic)	15.4	16.3	15.5	3	
	Black or African American (Non-Hispanic)	15.5	18.7	15	3	
	Multi-racial (Non-Hispanic)	18.8	24.6	17.9	3	
	Asian (Non-Hispanic)	N/A	N/A	6.3	3	
	Native American/Alaskan Native (Non-Hispanic)	N/A	N/A	14.5	3	
	Native Hawaiian/Pacific Islander (Non-Hispanic)	N/A	N/A	11.5	3	
	Other	N/A	5.2	5	3	
CYSHCN12	Ethnicity					
	Hispanic	9.1	9.9	8.3	3	

Children and Youth with Special Health Care Needs (CYSHCN) Indicator List

Code	Health Indicator	Historical*	Current**		Source	Comments
		Kansas	Kansas	U.S.		
CYSHCN13	Household poverty status					
	0-99% FPL	11.3	17.5	19.2	3	
	100-199% FPL	19.4	21.6	22	3	
	200-399% FPL	35.6	33.8	29.9	3	
	400% FPL or greater	20.4	27.2	28.9	3	
CYSHCN14	Insurance Type					
	Private only		58.1	58.2	1	
	Public only		34.1	35.7	1	
	Uninsured		7.8	6.1	1	
CYSHCN15	Disabled Children Below Poverty		25.2	26	4	
CYSHCN16	% foster children with special need		73	82	5	U.S. statistic is average of 50 states

Disability

CYSHCN17	Type					
	Sensory		1.2	1.2	4	
	Physical		1.1	1.3	4	
	Mental		4.9	5	4	
	Self-care		0.79	0.82	4	
	Mobility		1.3	1.5	4	
	Employment		2.5	2.6	4	
CYSHCN18	More than one Disability (total population)		1.6	1.7	4	
CYSHCN19	% of children who take medications for ADHD, emotions, concentration or behavioral issues		7.6	6.2	1	
CYSHCN20	% with one or more current conditions that are moderate or severe		11.3	10.6	1	
CYSHCN21	% of children who have or ever had asthma		12.4	13.5	1	
CYSHCN22	% of children whose parents report moderate/severe asthma		2.8	2.6	1	
CYSHCN23	% of children who have or ever had behavioral or conduct problems		4.4	4.4	1	
CYSHCN24	% of children whose parents report moderate/severe conduct problems		2.5	2.3	1	
CYSHCN25	% of children (2-17 years) whose parents have or ever had reported developmental delays		5.3	4.8	1	
CYSHCN26	% of children whose parents report moderate/severe developmental delays		2.1	1.9	1	
CYSHCN27	% of children whose parents have or ever had reported hearing problems		4.1	2.9	1	
CYSHCN28	% of children whose parents have or ever had reported joint, bone, or muscle problems		3.9	3	1	
CYSHCN29	% of children whose parents report moderate/severe joint, bone or muscle problems		1.2	1.2	1	

Children and Youth with Special Health Care Needs (CYSHCN) Indicator List

Code	Health Indicator	Historical*	Current**		Source	Comments
		Kansas	Kansas	U.S.		
CYSHCN30	% of children (3-17 years) whose parents have or ever had reported learning disability		10.1	10.3	1	
CYSHCN31	% of children whose parents report moderate/severe learning disability		4	4	1	
CYSHCN32	% of children (2-17 years) whose parents have or ever had reported stuttering, stammering or speech problems		6.3	6.1	1	
CYSHCN33	% of children whose parents report moderate/severe speech problems		1.3	1.7	1	
CYSHCN34	% of children whose parents have or ever had reported visual problems		1.6	1.6	1	

Chronic, Concurrent Health Conditions

CYSHCN35	<i>Allergies (all)</i>		61.3	53	3	
CYSHCN36	Age group					
	0-5 years		65	51.1	3	
	6-11 years		61.5	55.7	3	
	12-17 years		59.3	51.5	3	
CYSHCN37	Gender					
	Male		58.2	52.8	3	
	Female		65.8	53.3	3	
CYSHCN38	Insurance Type					
	Private only		64.2	55.1	3	
	Public only		59.3	50.3	3	
	Private and public		65	48.1	3	
	Uninsured		NE	50.2	3	
CYSHCN39	<i>Food allergies</i>		12.4	11	3	
CYSHCN40	Age group					
	0-5 years		18.4	13.7	3	
	6-11 years		8.3	10.9	3	
	12-17 years		12.8	9.8	3	
CYSHCN41	Gender					
	Male		10.4	11.1	3	
	Female		15.2	10.9	3	
CYSHCN42	Insurance Type					
	Private only		11.5	12	3	
	Public only		11.8	8.8	3	
	Private and public		NE	10.5	3	
	Uninsured		NE	12	3	
CYSHCN43	<i>Asthma</i>		41.2	38.8	3	
CYSHCN44	Age group					
	0-5 years		52.2	41.9	3	
	6-11 years		40.7	41.4	3	

Children and Youth with Special Health Care Needs (CYSHCN) Indicator List

Code	Health Indicator	Historical*	Current**		Source	Comments
		Kansas	Kansas	U.S.		
	12-17 years		41	35	3	
CYSHCN45	Gender					
	Male		41.9	39.3	3	
	Female		40	38.1	3	
CYSHCN46	Insurance Type					
	Private only		42.9	37.9	3	
	Public only		42.6	41.5	3	
	Private and public		37.7	37.1	3	
	Uninsured		NE	37.6	3	
CYSHCN47	<i>Attention deficit disorders</i>		30.3	29.8	3	
CYSHCN48	Age group					
	0-5 years		6.7	7.9	3	
	6-11 years		38.5	34	3	
	12-17 years		35.1	36.9	3	
CYSHCN49	Gender					
	Male		34.7	35.7	3	
	Female		23.8	21.3	3	
CYSHCN50	Insurance Type					
	Private only		24.6	25.5	3	
	Public only		40.9	37.3	3	
	Private and public		47.7	37	3	
	Uninsured		39.8	31.2	3	
CYSHCN51	% of CSHCN who take medications for ADHD, emotions, concentration or behavioral issues		29.9	26.4	1	
CYSHCN52	<i>Depression, anxiety, eating disorder or other emotional problem</i>		21	21.1	3	
CYSHCN53	Age group					
	0-5 years		8.6	7.3	3	
	6-11 years		22.5	20.6	3	
	12-17 years		25.9	28.6	3	
CYSHCN54	Gender					
	Male		22	20.6	3	
	Female		19.5	22	3	
CYSHCN55	Insurance Type					
	Private only		12.9	15.2	3	
	Public only		35	30	3	
	Private and public		43.5	29.8	3	
	Uninsured		47.8	31.3	3	
CYSHCN56	<i>Mental retardation or developmental delay</i>		11.9	11.4	3	

Children and Youth with Special Health Care Needs (CYSHCN) Indicator List

Code	Health Indicator	Historical*	Current**		Source	Comments
		Kansas	Kansas	U.S.		
CYSHCN57	Age group					
	0-5 years		14.8	13.3	3	
	6-11 years		12.5	11.3	3	
	12-17 years		9.9	10.6	3	
CYSHCN58	Gender					
	Male		12.1	12	3	
	Female		11.7	10.6	3	
CYSHCN59	Insurance Type					
	Private only		6.1	6.4	3	
	Public only		24.4	18.5	3	
	Private and public		27.4	23.8	3	
	Uninsured		NE	13.6	3	

Children in Safe Environment

CYSHCN60	% of CSHCN not living in supportive neighborhoods		17	19.6	1	
CYSHCN61	% of CSHCN whose neighborhoods are usually or always safe		90.9	84.4	1	
CYSHCN62	% of CSHCN (aged 6-17) whose parents report that their school is usually or always safe		91.2	88.8	1	

Family Life

CYSHCN63	% of CSHCN whose mother is in fair or poor physical health		13.5	17.2	1	
CYSHCN64	% of CSHCN whose father is in fair or poor physical health		12.5	10.2	1	
CYSHCN65	% of CSHCN who has someone that uses tobacco in the household		32.4	30.3	1	
CYSHCN66	% of CSHCN (0-5 years) who do not receive more than 10 hours of childcare per week		36.2	34.5	1	
CYSHCN67	% of CSHCN teens (12-17) who work at least 10 hours previous week		12.8	10.7	1	

Children and Youth with Special Health Care Needs (CYSHCN) Indicator List

Code	Health Indicator	Historical*	Current**		Source	Comments
		Kansas	Kansas	U.S.		
School And Community Life (6-17 years)						
CYSHCN68	% of CSHCN have a health problem, condition, or disability for which they have a written intervention plan called an Individualized Education Program or IEP?		33.7	31.9	1	
CYSHCN69	% of CSHCN repeated at least one grade since kindergarten		7.1	18.5	1	
CYSHCN70	% of CSHCN who are always engaged in school		31.8	38.6	1	
CYSHCN71	% of CSHCN who participate in one organized activity outside of school		15.6	22.8	1	
CYSHCN72	% of CSHCN who never participated in community service in the past year		18.9	25.4	1	
CYSHCN73	Number public schools disabled (% public schools disabled)		65,730 (13.8)		6	
CYSHCN74	Part B (number age 3-5 years)		9,896		6	
CYSHCN75	Part B (number age 6-21 years)		55,834		6	
	% autism		0.5		6	
	% deaf-blindness		0.005		6	
	% developmental delays		2.1		6	
	% emotional disturbances		0.7		6	
	% hearing impairments		0.1		6	
	% learning disabilities		5		6	
	% multiple disabilities		0.1		6	
	% other hearing impairments		1.6		6	
	% multiple mental retardation		0.9		6	
	% speech or language		2.7		6	
	% orthopedic impairments		0.08		6	
	% traumatic brain injury		0.05		6	
	% visual impairments		0.04		6	
CYSHCN76	% of CSHCN (0-5) who play with children their age at least 3 times a week		65	70.5	1	
CYSHCN77	% of CSHCN (6-17) who consistently exhibit problematic social behaviors		19.8	17.9	1	
Child Health (age 0-17)						
CYSHCN78	% of CSHCN whose health conditions consistently and often greatly affect their daily activities.	19.8	21.2	24	3	
CYSHCN79	% of CSHCN whose current health conditions are moderate or severe		45.6	42.9	1	
CYSHCN80	% of CSHCN (6-17 years) whose current health conditions) does not interfere with activities and social participation		69.7	68.7	1	
CYSHCN81	% of CSHCN with 11 or more days of school absences due to illness.	10.3	11.8	14.3	3	
CYSHCN82	% of CSHCN with 11 or more days of school absences due to illness or injury		17.3	13.5	1	
CYSHCN83	% of CSHCN who received enough sleep every night in the past week		52.2	58.9	1	
CYSHCN84	% of CSHCN who have overall excellent or very good health		69.3	69.2	1	
CYSHCN85	% of CSHCN whose teeth are in excellent or very good condition		67.7	64.7	1	
CYSHCN86	% of CSHCN (0-5 years) who have ever been breastfed		77.2	73.8	1	

Children and Youth with Special Health Care Needs (CYSHCN) Indicator List

Code	Health Indicator	Historical*	Current**		Source	Comments
		Kansas	Kansas	U.S.		
CYSHCN87	% of CSHCN (10-17 years) who are overweight or obese		35.6	36.3	1	
CYSHCN88	% of CSHCN (6-17 years) who engaged in rigorous physical activity more than 3 times in past week		56.9	60.9	1	
CYSHCN89	% of CSHCN (0-5years) whose injuries require medical attention		15	18.3	1	
CYSHCN90	<i>Number of child abuse victims</i>		2,272			
	% child abuse victims by disability type					
	% Emotionally Disturbed		6.2	1.9	7	
	<i>Number emotionally disturbed</i>		141			
	Behavior Problem			3.1	7	
	Learning Disability		0.8	0.9	7	
	<i>Number with learning disability</i>		19			
	Mental Retardation		0.9	0.5	7	
	<i>Number with mental retardation</i>		21			
	Other Mental Condition		0.1	3.1	7	
	<i>Number with other mental condition</i>		2			
	Physically Disabled		1	0.3	7	
	<i>Number with other physically disabled</i>		22			
	Visually or Hearing Impaired		0.2	0.3	7	
	<i>Number visually or hearing impaired</i>		5			
	Victims with reported disability		8	8.1	7	
	<i>Number with reported disability</i>		182			

Health Insurance Coverage (age 0-17)

CYSHCN91	% of CSHCN without insurance at some point during the past year.	9.1	9.3	8.8	3	
CYSHCN92	% of CSHCN without insurance at some point during the past year.		10.7	12.3	1	
CYSHCN93	% of CSHCN currently uninsured.	4.4	3.1	3.5	3	
CYSHCN94	% of CSHCN currently uninsured.		7.8	6.1	1	
CYSHCN95	% of currently insured CSHCN with coverage that is not adequate.	31	30.3	33.1	3	
CYSHCN96	% of currently insured CSHCN with coverage that is not adequate.		24.7	29.4	1	

Access to Care (age 0-17)

CYSHCN97	% of CSHCN with one or more unmet needs for specific health care services	19.2	12	16	3	
CYSHCN98	% of CSHCN with one or more unmet needs for care		10.3	13.6	1	

Children and Youth with Special Health Care Needs (CYSHCN) Indicator List

Code	Health Indicator	Historical*	Current**		Source	Comments
		Kansas	Kansas	U.S.		
CYSHCN99	% of CSHCN whose families needed but did not get all respite care, genetic counseling and/or mental health services.	7.2	3.2	4.9	3	
CYSHCN100	% of CSHCN who had unmet need for medical care		5	7	1	
CYSHCN101	% of CSHCN who had unmet need for mental health services		28.4	38.3	1	
CYSHCN102	% of CSHCN needing specialty care who had problems getting a referral.		11.4	21.1	3	
CYSHCN103	% of CSHCN needing specialty but did not receive it		14.2	14.8	1	
CYSHCN104	% of CSHCN with problem getting needed specialist care		12	14.3	1	
CYSHCN105	% of CSHCN without a usual source of care (or who rely on the emergency room)	7.4	5.6	5.7	3	
CYSHCN106	% of CSHCN not have usual source for sick or well care		2.6	5.2	1	
CYSHCN107	% of CSHCN without a personal doctor or nurse.		4.5	6.5	3	
CYSHCN108	% of CSHCN without a personal doctor or nurse		6.5	5.3	1	
CYSHCN109	% of CSHCN with one or more preventive medical visits		96.9	91.4	1	
CYSHCN110	% of CSHCN with no preventive dental visits		12.5	15.9	1	
CYSHCN111	% of CSHCN without both preventive medical and dental visit		15.1	21.9	1	
	Family-Centered Care (age 0-17)					
CYSHCN112	% of CSHCN without family-centered care	29.8	30.5	34.5	3	
CYSHCN113	% of CSHCN without family-centered care		31.7	34.5	1	

Impact on Family (age 0-17)

CYSHCN114	% of CSHCN whose families pay \$1,000 or more in medical expenses per year	12.5	21.9	20	3	
CYSHCN115	% of CSHCN whose families experienced financial problems due to child's health needs	24.4	21.4	18.1	3	
CYSHCN116	% of CSHCN parents employed full-time with incomes less than 100% of the federal poverty level		9.1	11.1	1	
CYSHCN117	% of CSHCN whose families spend 11 or more hours per week providing and/or coordinating health care for child		8	9.7	3	
CYSHCN118	% of CSHCN whose health needs caused family members to cut back or stop working		20.1	23.8	3	
CYSHCN119	% of CSHCN whose health needs affected a family member's employment		14	15.9	1	
CYSHCN120	% of CSHCN (0-5 years) whose parents made different child care arrangements in past month or made employment-related changes due to child care reasons in the past year, or BOTH?		47.4	37.1	1	
CYSHCN121	% of CSHCN (6-11 years) who spent some amount of time alone without adult supervision in the past week		18.2	10.1	1	
CYSHCN122	% of CSHCN parents who are often aggravated towards their child		22.5	20	1	
CYSHCN123	% of CSHCN (0-5years) whose parents made emergency child care arrangements last month and had a problem		36.1	29.5	1	

Children and Youth with Special Health Care Needs (CYSHCN) Indicator List

Code	Health Indicator	Historical*	Current**		Source	Comments
		Kansas	Kansas	U.S.		
Core Outcome Measures						
CYSHCN124	Percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive	59.1	65.6	57.4	3	
CYSHCN125	% of CSHCN (0-5 years) who visited a doctor but was not asked about parental concerns		24.4	44.6	3	
CYSHCN126	Percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home		55.3	47.1	3	
CYSHCN127	% of CSHCN with a medical home		49.3	49.8	1	
CYSHCN128	% of CSHCN who needed but did not receive all elements of care coordination		43.2	40.7	1	
CYSHCN129	Percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need	63.9	62.9	62	3	
CYSHCN130	Percent of children with special health care needs age 0 to 18 who are screened early and continuously for special health care needs		68.5	63.8	3	
CYSHCN131	% of CSHCN (10 months-5 years) who completed a standardized developmental and behavioral screening		40	23.9	1	
CYSHCN132	% of CSHCN (4 months-5years) whose parents report concern about child's physical, behavioral, or social development		56.2	60.2	1	
CYSHCN133	% of CSHCN (4 months-5years) who are at low or no risk for developmental, behavioral or social delays		65.4	54.6	1	
CYSHCN134	% of CSHCN (6-17 years) who consistently exhibit problematic social skills		19.8	17.9	1	
CYSHCN135	Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily		92.5	89.1	3	
CYSHCN136	Percent of children with special health care needs age 12 to 17 who receive the services necessary to make the appropriate transitions to adult health care, work, and independence		50.3	41.2	3	
CYSHCN137	% disabled (age 18-34) enrolled in college		15.9	15.5	4	
CYSHCN138	% disabled (age 16-34) employed		49.6	40.8	4	

Children and Youth with Special Health Care Needs (CYSHCN) Indicator List

Code	Health Indicator	Historical*	Current**		Source	Comments
		Kansas	Kansas	U.S.		

Footnotes and Abbreviations

* Historical: Reported for MCH2010 process; see source notes at bottom for data year, where applicable.

** Current: Latest available data for MCH2015; see source notes at bottom for data year.

N/A: Not available

NE: Not estimatable due to insufficient sample size.

Data Sources

1. Health Resources and Services Administration (HRSA) National Survey of Child Health: 2007
2. Kansas Department of Health and Environment. Bureau of Family Health Program Data: 2008
3. Health Resources and Services Administration (HRSA) National Survey of Children with Special Health Care Needs (CSHCN): *Historical data: 2001; Current data: 2005/2006*
4. U.S. Census American Community Survey (ACS): 2005-2007
5. Health Resources and Services Administration (HRSA). Adoption data: 2006
6. Kansas State Department of Education (KSDE) Special Education: 2007-2008 school year
7. Health Resources and Services Administration (HRSA) Child abuse data: 2007

Children and Youth with Special Health Care Needs (CYSHCN) Follow-Up Research: Additional Data

Code

<i>Disability</i>		<u>Kansas</u>	<u>U.S.</u>	<u>Source</u>
CYSHCN19	Percent of children who take medications for ADHD, emotions, concentration or behavioral issues			1
	6-11 years	7.9	6.7	
	12-17 years	11.7	9.1	
CYSHCN19	Percent of children who take medications for ADHD, emotions, concentration or behavioral issues			1
	Public	11.9	9.1	
	Private	6	5.4	
	Currently Uninsured	8.4	2.5	
CYSHCN19	Percent of children who take medications for ADHD, emotions, concentration or behavioral issues			1
	Two-parent (biological or adoptive)	5	4.4	
	Two-parent (>=1 stepparent)	15.3	9.4	
	Mother only	10	9.5	
	Other	19.7	10.5	

<i>Chronic, Concurrent Health Conditions</i>		<u>KS</u>	<u>OK</u>	<u>NE</u>	<u>IA</u>	<u>MO</u>	<u>Source</u>
CYSHCN43	Percent with Asthma						2
CYSHCN44	Age Group						
	0-5 years	52.2	43.4	34.9	35.2	38.6	
	6-11 years	40.7	36.2	36.9	32.5	39.2	
	12-17 years	41	38.9	38.3	27.8	35.2	
CYSHCN139	Percent of asthmatic CSHCN who receive coordinated, ongoing, comprehensive care within a medical home	59.4	55.5	55.9	58	52.8	
CYSHCN140	Percent of asthmatic CSHCN whose families have adequate private and/or public insurance to pay for the services they need	61	61.8	61.7	68.3	65.6	
CYSHCN141	Percent of asthmatic CSHCN whose conditions affect their activities usually, always, or a great deal	15.9	18.6	16.4	12.9	14.6	

CYSHCN142	Number of families receiving PKU services in Kansas	60
CYSHCN143	Average expenditures for families served for PKU in Kansas	\$3,416.67

CYSHCN144	Median (50th percentile) of missed school days by disability type	<u># of</u>	<u>Median</u>	<u>Source</u>	<u>Comment</u>
		<u>Students</u>	<u>days missed</u>		
	Autism	2431	5	3	Data is of all absences. Data cannot be looked at solely for injury or illness
	Deaf-blindness	25	3.3		
	Developmental delays	9613	5		
	Emotional disturbances	4269	7		
	Hearing impairments	699	6		
	Learning disabilities	26571	7		
	Multiple disabilities	634	8		
	Other hearing impairments	8128	7		
	Mental retardation	4556	6		
	Speech or language	12735	4.5		
	Orthopedic impairments	381	9		
	Traumatic brain injury	255	7.5		
	Visual impairments	239	7		
	Non-Disabled	456154	5.5		

CYSHCN145	Number of missed school days by disability type	<u>No Days Missed</u>		<u>0-10 Days Missed</u>		<u>10 or More Days Missed</u>		<u>Source</u>	<u>Comments</u>
		<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>		
	CYSCHN	7247		43909		21416		3	Data is of all absences. Data cannot be looked at solely for injury or illness
	Autism	335	13.8	1575	64.8	521	21.4		
	Deaf-blindness	10	40	10	40	5	20		
	Developmental delays	1340	13.9	6099	63.4	2174	22.6		
	Emotional disturbances	691	16.2	2046	47.9	1532	35.9		
	Hearing impairments	57	8.2	477	78.2	2201	14.6		
	Learning disabilities	1674	6.3	16512	62.1	8385	31.6		
	Multiple disabilities	119	18.8	274	43.2	241	38		
	Other hearing impairments	587	7.2	4938	60.8	2603	32		
	Mental retardation	581	12.8	2654	58.3	1321	29		
	Speech or language	1793	14.1	8813	69.2	2129	16.7		
	Orthopedic impairments	23	6	224	58.8	134	35.2		
	Traumatic brain injury	26	10.2	133	52.2	96	37.6		
	Visual impairments	11	4.6	154	64.4	74	31		
	Non-CYSCHN	39268	8.6	319716	70.1	97170	21.3		

Access Care Indicators		Kansas	U.S.	Source
CYSHCN146	% of CSHCN who have an unmet need by need category			4
	routine preventive health care, physicals or well-child checkups	1.6	1.9	
	specialist care	2.3	2.8	
	preventative dental care	3.6	6.3	
	other dental care	1.1	2.6	
	prescription medications	2.3	1.6	
	physical, occupational, or speech therapy	2.7	3.1	
	mental health care or counseling	3.2	3.7	
	vision care or eyeglasses	0.8	1.4	

Family Life		Kansas	U.S.	Source
CYSHCN123	% of CSHCN (0-5 years) whose parents made emergency child care arrangements last month and had a problem by disability type			1
	Prescription Medication	52.9	32	
	Above Routine use of services	68.6	32.3	
	Prescription Medication and above routine use of services	NE	41.1	
	Functional Limitations	NE	46.5	
CYSHCN76	% of CSHCN (0-5 years) who play with children their age at least 3 times a week by disability type			1
	Non-Disabled	64.3	62.6	
	CSHCN - Prescription medication	54.2	70	
	CSHCN - Above-routine services	68.7	65.4	
	CSHCN - Prescription medication AND above-routine services	73.9	73.8	
	CSHCN - Functional limitations	76.9	71.9	

NE: Not estimatable due to insufficient sample size

<i>School and Community Life</i>		<u>KS</u>	<u>US</u>	<u>NE</u>	<u>WY</u>	<u>IA</u>	<u>MO</u>	<u>NY</u>	<u>WA</u>	<u>Source</u>
CYSHCN69	% of CSHCN repeated at least one grade since kindergarten	7.1	18.5	9.5	16.1	14	13.8	15.6	15.5	1
	% of Kansas public students mean scale score for Mathematics at end of the school year by disability and Grade ¹	<u>CYSHCN</u>	<u>Non Disabled</u>							5
	4th Grade	72	80.2							
	8th Grade	54	71.2							
	% of Kansas public students mean scale score for Reading at end of the school year by disability and Grade ²	<u>CYSHCN</u>	<u>Non Disabled</u>							5
	4th Grade	74.6	81.8							
	8th Grade	63.3	79.5							

Notes: ¹Gains in CYSHCN were less than non-CYSHCN

²Gains were larger in CYSHCN than in non-CYSHCN

Sources:

1. Health Resources and Services Administration (HRSA). National Survey of Children with Special Health Care Needs (CSHCN) 2007.
2. Health Resources and Services Administration (HRSA). National Survey of Children with Special Health Care Needs (CSHCN) 2005-2006.
3. KSDE. Special request program data 2009.
4. Health Resources and Services Administration (HRSA). National Survey of Children with Special Health Care Needs (CSHCN): Historical data: 2001; Current data: 2005/2006
5. Center for Education Policy. Subgroup Achievement and Gap Trends--Kansas 2006-2008.

Appendix D

Meeting #1 Agenda and Tools

D. 1. Pre-Meeting Assignment

D. 2. Agenda

D. 3. Tool #1: Data Indicator Selection

(Tool #1 was population group-specific. The Pregnant Women and Infants tool is shown as an example.)

D. 4. Tool #2: Additional Data Needed

MCH 2015



November 6, 2009

Meeting Assignment

Please review the attached indicator worksheet and fill in what you believe to be the ***five most important*** and ***five least important indicators***. As you are determining your top five indicators, consider:

1. Which indicators best ***communicate*** to stakeholders, providers, and/or consumers how well (or how poorly) the maternal and child health population in Kansas is doing?
2. Which indicators do the best job of ***measuring how well Kansas is meeting the goal*** of the maternal and child health program, particularly for your population group?

Note: The overall goal is “enhancing the health of Kansas women and children through partnership with families and communities.” The three MCH population groups are (1) pregnant women and infants, (2) children and adolescents, and (3) children and youth with special health care needs.

3. Which indicators are based on ***available and credible data***?

Five Most Important Indicators

1. _____

2. _____

3. _____

4. _____

5. _____

Five Least Important Indicators

1. _____

2. _____

3. _____

4. _____

5. _____

Bring this completed worksheet to the meeting on November 6th.

MCH 2015



Maternal Child Health 2015 Needs Assessment Panel of Experts – Session 1

November 6th, 2009

- 9:00 - 9:30 Check-In and Continental Breakfast
- 9:30 - 10:30 Plenary Session: Overview of Title V and Title V Needs Assessment
- 10:30 - 10:45 Break
- 10:45 - 12:00 Plenary Session: Charge to Group
- 12:00 - 12:20 Break: Lunch – Please pick up your lunch and break into your workgroups.
- 12:20 - 1:00 Workgroup Session: Introductory Lunch with Workgroup
- Pregnant Women and Infants Workgroup – Mansion Dining Room
 - Children and Adolescents Workgroup – Mansion Gold Room
 - Children & Youth with Special Health Care Needs Workgroup – Grand Ballroom
- 1:00 - 2:15 Workgroup Session: Review Indicator List
- 2:15 - 2:30 Break
- 2:30 - 3:30 Workgroup Session: Final Selection of Indicators
Determination of Data Needed for Decision Making
- 3:30 - 4:15 Plenary Session: Group Presentations (15 minutes per group)
- 4:15 - 4:30 Plenary Session: Wrap-up and Door Prizes

Next meeting: 9:00 a.m. – 4:30 p.m., Friday, January 29th



Tool #1: Data Indicator Selection

Part A (about 5-10 minutes). Review the following:

1. Who is your target population?

All pregnant women and infants in Kansas.

Maternal and Child Health Title V Definitions

Infants: Child under one year of age.

Pregnant women: A female from the time that she conceives to 60 days after birth, delivery, or expulsion of fetus. However, many states also include the preconception health of a woman in her reproductive years (e.g., 15-44 years).

2. What is Kansas' goal for your target population?

To enhance the health of Kansas women and infants in partnership with families and communities.

Part B (about 1 hour). What data would be helpful to your group for determining the Kansas priority needs for your population group?

Please refer to your Indicator List for possible data indicators. Select candidate indicators from the list and, for each criterion, rate each indicator High, Medium, or Low. You may request data not currently listed, but please consult with your group's Data Representative and others in the group regarding availability. Only available indicators should be considered. Your group will be using the indicators you select today to help determine the priority needs for your target population on January 29th. The indicators you select also become candidates for performance measures to track the priority needs in Kansas over time.

Here are the criteria to help select your data indicators:

- **Communication Power:** Is this measure communicated easily? That is, would those who pay attention to Maternal Child Health in Kansas for your population group (e.g., state staff, legislators, funding sources, clinicians, clients, etc.) understand what this measure means?
- **Proxy Power:** Does this indicator measure something of central importance for you goal? Does this indicator measure the most important outcomes and efforts related to your population group?
- **Data Power:** Is the data both available and credible? Is quality data available on a consistent and timely basis?

Indicator Code / Indicator	Communication Power	Proxy Power	Data Power	Use this indicator for priority selection?



Tool #2: Additional Data Needed – What Are We Missing?

(About 30 minutes) The desired data, if available, will be presented to you at the January 29th meeting. You will use this information to help determine Kansas' priority needs. (Note: There are limited resources available for additional data analysis or collection.)

Instructions:

Please identify additional data needs for individual indicators on Tool #2. Examples include...

Trend data

Kansas

National

Other states with similar demographics (e.g., Iowa, Nebraska)

Demographic or population data

Race/Ethnicity

Age Group

Gender

Geographic Data

County

City

Population density (e.g., urban, rural)

Region (define the regions per your data request)

Socioeconomic Data

Education (e.g. mother's education level)

Qualitative Data (e.g., surveys, focus groups, key informant interviews)

Indicator Code / Indicator	Additional Data Needs
	<div data-bbox="594 370 1967 423" style="border: 1px solid black; padding: 2px;"> Contact Information - Name: _____ Email: _____ Phone: _____ </div>
	<div data-bbox="594 613 1967 662" style="border: 1px solid black; padding: 2px;"> Contact Information - Name: _____ Email: _____ Phone: _____ </div>
	<div data-bbox="594 857 1967 922" style="border: 1px solid black; padding: 2px;"> Contact Information - Name: _____ Email: _____ Phone: _____ </div>
	<div data-bbox="594 1117 1967 1187" style="border: 1px solid black; padding: 2px;"> Contact Information - Name: _____ Email: _____ Phone: _____ </div>
	<div data-bbox="594 1377 1967 1425" style="border: 1px solid black; padding: 2px;"> Contact Information - Name: _____ Email: _____ Phone: _____ </div>

Appendix E

Meeting #2 Agenda and Tools

E. 1. Agenda

E. 2. Tool #3: Identifying Possible Priorities

(Tool #3 was population group-specific. The Children and Adolescents tool is shown as an example.)

E. 3. Tool #4: Q-Sort, Selection of Priorities

E. 4. Tool #5: Identifying Actions and Strategies



Maternal Child Health 2015

Needs Assessment Panel of Experts – Session 2

**SRS Learning Center, 2nd and MacVicar
8:30 a.m. – 4:30 p.m., January 29th, 2010**

AGENDA

- 8:30 Check-In and Continental Breakfast (breakfast prepared by SRS Learning Center staff as a fundraiser for Project Topeka)
- 9:00 Welcome (Room A/B)..... Linda Kenney
- 9:10 Plenary Session: Review of Session 1 Results, Charge to Group for Session 2 Linda Kenney
- 9:40 Move to Workgroup Session Room, Introduce Expert Panelists
- Mothers & Infants (Room C) Jean DeDonder, Facilitator
- Children & Adolescents (Room A/B) Jon Anderson, Facilitator
- Children & Youth with Special Health Care Needs (Room D)..... Donita Whitney-Bammerlin, Facilitator
- 10:00 Workgroup Session: Present Data (Built-in Break)
- 11:00 Workgroup Session: Identify Possible Priorities – Tool #3
- 11:45 Workgroup Session: Select Top 5 Priorities – Begin Tool #4
- 12:05 Break, Pick up Lunches (Room 2)
To avoid congestion in the lunch line, it is suggested that the three population work groups may wish to stagger their lunch pick-up times 5-10 minutes apart:
- | | |
|---------------|--------------------------|
| 12:05 – 12:20 | CYSCHN |
| 12:10 – 12:25 | Mothers and Infants |
| 12:15 – 12:30 | Children and Adolescents |
- 12:30 Workgroup Session: Working Lunch and Finalize Top Priorities with Workgroup – Finish Tool #4
- 1:45 Workgroup Session: Formulate Action Steps for Each Priority – Tool #5
(Workgroups will break as needed)
- 3:15 Move to Room A/B for Closing Plenary Sessions
- 3:20 Plenary Session: Work Group Reports (10 minutes per group)
As Large Group, Note Cross-Cutting Issues and Complementary Action Steps
- 4:15 Plenary Session: Wrap-up and Door Prizes Linda Kenney



MCH 2015 Needs Assessment

Tool #3: Identify Possible Priorities for Children and Adolescents

1. Target Population:

All children and adolescents in Kansas.

Maternal and Child Health Title V Definition

Child: A child from 1st birthday through the 21st year.

2. Goal for target population:

To enhance the health of Kansas children and adolescents in partnership with families and communities.

3. What are some conclusions can we draw from the data presented?

4. Based on data findings and your expert opinion, list no more than 10 potential priorities on the following page for your population group. It may help to envision the results you expect for Kansas children and adolescents in 2015. For example, "Teens will delay sexual activity until marriage."

Potential Children & Adolescent Priorities

1)

2)

3)

4)

5)

6)

7)

8)

9)

10)



Tool #4: Q-Sort

MCH 2015 Needs Assessment Selection of Priorities

Q-Sort Instructions: Arrange the selected needs in priority order. Place highest priority needs in the first column, second priority needs in the second column, etc. Those needs on which there is relatively good agreement can be set aside as high, medium or low priority needs. The needs that merit discussion are those on which there was NOT good agreement (i.e., higher standard deviations). In this way, the Q-Sort method can save time by eliminating the need to discuss those items on which there was greater unanimity of opinion.

Consider these criteria when sorting priorities:

- **Magnitude of Issue**: Based on data results, what is the magnitude of the issue? Compared to targets, baselines, or comparison groups, what is the magnitude of the disparity for the Kansas population or a subgroup of the Kansas population? How many people does this issue actually or potentially affect?
- **Seriousness of Consequences**: How serious are the consequences if this issue is not addressed? What is the potential for death, disease, or physical/mental disability for the Kansas population or a subgroup of the population if this issue is not addressed? What social and economic burdens on the state will appear and/or not be alleviated if this issue is not addressed?
- **Potential for Improving**: Is the issue amenable to interventions? Are potential interventions both feasible and acceptable to the public and stakeholders?

Tool #4

Q-Sort (for groups starting with 9 or fewer priorities)

The MCH Need in this Column has the Highest Priority	The MCH Needs in this Column have the Second Highest Priority	The MCH Needs in this Column have the Third Highest Priority	The MCH Needs in this Column have the Second Lowest Priority	The MCH Need in this Column has the Lowest Priority
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Tool #4

Q-Sort (for groups starting with 10-16 priorities)

The MCH Need in this Column has the Highest Priority	The MCH Needs in this Column have the Second Highest Priority	The MCH Needs in this Column have the Third Highest Priority	The MCH Needs in this Column have the Fourth Highest Priority	The MCH Needs in this Column have the Third Lowest Priority	The MCH Needs in this Column have the Second Lowest Priority	The MCH Need in this Column has the Lowest Priority
---	--	---	--	--	---	--

MCH 2015



Tool #5: Identify Actions/Strategies

MCH 2015 Needs Assessment

Instructions

It is not enough to agree that something is a priority. We must have reasonable strategies for addressing the issue in order for it to rise to the level of a priority in Kansas.

As discussed in the Meeting #1 and during Linda's presentation today, the public health function is carried out in many ways, from providing services directly, to financing services, to educating, building systems, or improving data capacity.

Given the priorities you have identified, consider possible strategies/actions. MCH essential services are listed to help you consider the full breadth of possibilities. You may wish to list strategies in more than one essential service area. Strategies may include the work of MCH within KDHE, the work of others in KDHE, and the work of experts, families, and others that KDHE MCH can support.

Identified Priority: _____

Approach (MCH Essential Service)	Possible Action Steps or Strategies
Assess and monitor MCH status	
Diagnose and investigate health problems and hazard affecting women, children, and youth	
Inform and educate the public and families about MCH issues	
Mobilize partnerships to identify and solve MCH problems	
Provide leadership for priority-setting, planning, and policy development	
Promote and enforce legal requirements protecting health; ensure public accountability	
Link women, children and youth to services; assure access to comprehensive, quality systems of care	
Assure workforce capacity and competency	
Evaluate effectiveness, accessibility, quality of personal health and population-based services	
Support research and demonstrations to gain new insights and innovative solutions	
Other	

Does this priority still rate the same now that you've considered possible solutions? _____

Appendix F

MCH Program Staff Meeting

F. 1. Agenda

F. 2. Logic Model and Work Plan Definitions

F. 3. Logic Model and Work Plan Spreadsheet

(Logic Model and Work Plan spreadsheets were population group-specific. The CYSHCN Logic Model and Work Plan is shown as an example. Paper copy worksheets were provided to all participants, and each group had at least one laptop available with the electronic version of the tool.)



SRS Learning Center, 2nd and MacVicar
8:00 a.m. – 4:00 p.m., March 26th, 2010

AGENDA

- 8:00 Check-In and Breakfast
- 8:30 Welcome and Charge to Group..... Linda Kenney
- 8:50 Logic Model and Work Plan OverviewSharon Homan
- 9:30 Break
- 9:40 Small Group Session #1: Complete Logic Model Sheet
 - Pregnant Women & Infants..... Linda Kenney, Facilitator
 - Children & Adolescents Ileen Meyer, Facilitator
 - Children & Youth with Special Health Care Needs..... Marc Shiff, Facilitator
- 11:30 Working Lunch: Large Group Discussion on Progress and Challenges
- 12:30 Small Group Session #2: Complete Work Plan Sheet
- 2:00 Break
- 2:15 Small Group Reporting and Feedback..... Sharon Homan, Facilitator
Check Quality and Progress of Small Group Work Plans and Logic Models
- 3:45 Wrap-up: Next Steps and Announcements..... Linda Kenney
- 4:00 Adjourn

Website: www.datacounts.net/mch2015

MCH 2015



Logic Model and Work Plan Definitions

Vision: Simple statement that communicates the ideal, the way it “ought to be.”

- Healthy children in healthy families

Mission: Purpose of MCH 2015: What is going to be done? How will it be done?

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

Goals: Overall accomplishments the Bureau of Family Health seeks to achieve in support of MCH 2015.

- GOAL 1: To enhance the health of Kansas women and infants across the lifespan
- GOAL 2: To enhance the health of all children and youth with special health care needs across lifespan
- GOAL 3: To enhance the health of children and adolescents across the lifespan

Priority Objectives: The sub-goals ranked by stakeholders as highly important to achieving the goals. For example, Goal 1 priority objectives include:

- Priority 1: All women receive early and comprehensive health care before, during and after pregnancy.
- Priority 2: Improve mental health and behavioral health of pregnant women and new mothers.

Strategies: Broad statements that describe *how* the mission will be attained by defining specific approaches that effectively address each Priority. For example, the Goal 1, Priority 1, strategies are:

- Strategy 1.1 Educate women and their male partners to understand and participate in reproductive health decisions that lead to a healthy pregnancy.
- Strategy 1.2 Create a system of dissemination of information to health care providers regarding existing reproductive health resources and support services available.
- Strategy 1.3 Provide risk reduction services and case management for pregnant women in securing reproductive medical care throughout Kansas.

Action Steps: The specific planned activities that are needed to accomplish the goals and priority objectives. Each strategy is broken down into the set of interrelated and synergistic action steps.

Work Plan: The work plan defines the concrete actions that Bureau staff will undertake with partners to accomplish each of the MCH 2015 goals and priority objectives. The work plan specifies each action step, when the action step will be completed, and who is responsible for the action step.

Program Implementation Logic Model

Action Steps	Outputs	Short-term Outcomes	Intermediate Outcomes	Longterm Outcomes
Planned activities and programs needed to achieve desired results.	Measurable, tangible, direct products or results of program activities. Lead to desired outcomes—benefits for participants, families, communities, or organizations— not themselves the changes we expect the program will produce. Helps assess how well program is being implemented.	Changes we <u>expect</u> within the short term resulting from program among participants, organizations, communities, or systems. Within program control: <ul style="list-style-type: none"> • New knowledge • Changed opinion/values • Increased skills • Changed motivation • Changed attitudes • Changed aspirations 	Changes we <u>want</u> to occur after short-term. Achieved <u>at end or beyond program timeframe:</u> <ul style="list-style-type: none"> • Modified behavior • Changed policies • Changed practices • Changed social action • Changed decisions 	Changes we <u>hope</u> to see over time. Achieved <u>after program timeframe and outside direct program control:</u> <ul style="list-style-type: none"> • Changed human condition • Changed civic condition • Changed economic condition • Changed environmental condition

Children & Youth with Special Health Care Needs Logic Model

VISION - Healthy Children in Healthy Families **MISSION - Provide leadership to enhance the health of Kansas women and children in partnership with families and communities.**

GOAL STATEMENT: To enhance the health of all children and youth with special health care needs across the lifespan.



PRIORITY OBJECTIVE #1: All CYSHCN receive coordinated, comprehensive care within a medical home.

Planned Activities/Action Steps		Outputs Immediate or by June 30, 2011	Short-Term Outcomes by Dec. 31, 2011	Intermediate Outcomes by Dec. 31, 2012	Long-Term Outcomes by June 20, 2015
Strategy 1.1: Enter Strategy, Essential MCH Service, and Planned Activities below.					
1.1	Strategy:	Mobilize community partnerships (between policy makers, health care providers, families, and the public) by coordinating services for eligible CYSHCN identified through Newborn Screening and linking children and families to providers and community services/resources.			
	Essential MCH Service (select from list):	4. Mobilize community partnerships to solve MCH issues			
1.1.1					
1.1.2					
1.1.3					
1.1.4					
Strategy 1.2: Enter Strategy, Essential MCH Service, and Planned Activities below.					
1.2	Strategy:	Inform, educate, and involve families and providers about medical home components and initiatives to promote effective and successful systems change.			
	Essential MCH Service (select from list):	3. Inform/educate the public/families about MCH issues			
1.2.1					
1.2.2					
1.2.3					
1.2.4					

Planned Activities/Action Steps		Outputs Immediate or by June 30, 2011	Short-Term Outcomes by Dec. 31, 2011	Intermediate Outcomes by Dec. 31, 2012	Long-Term Outcomes by June 20, 2015
Strategy 1.3: Enter Strategy, Essential MCH Service, and Planned Activities below.					
1.3	Strategy:				
	Essential MCH Service (select from list): <None Selected>				
1.3.1					
1.3.2					
1.3.3					
1.3.4					

PRIORITY OBJECTIVE #2: CYSHCN receive services necessary to make transitions to all aspects of adult life, including adult health care, work and independence.

Planned Activities/Action Steps		Outputs Immediate or by June 30, 2011	Short-Term Outcomes by Dec. 31, 2011	Intermediate Outcomes by Dec. 31, 2012	Long-Term Outcomes by June 20, 2015
Strategy 2.1: Enter Strategy, Essential MCH Service, and Planned Activities below.					
2.1	Strategy: Enhance community partnerships by identifying community resources, integrating service delivery systems, and streamlining the transition process for children and youth.				
	Essential MCH Service (select from list): 4. Mobilize community partnerships to solve MCH issues				
2.1.1					
2.1.2					
2.1.3					
2.1.4					

Planned Activities/Action Steps	Outputs Immediate or by June 30, 2011	Short-Term Outcomes by Dec. 31, 2011	Intermediate Outcomes by Dec. 31, 2012	Long-Term Outcomes by June 20, 2015
Strategy 2.2: Enter Strategy, Essential MCH Service, and Planned Activities below.				
2.2 Strategy: Inform and educate children and youth about available transition services and where/how to access these services.				
Essential MCH Service (select from list): 7. Link women & children with services and assure quality systems of care				
2.2.1				
2.2.2				
2.2.3				
2.2.4				
Strategy 2.3: Enter Strategy, Essential MCH Service, and Planned Activities below.				
2.3 Strategy:				
Essential MCH Service (select from list): <None Selected>				
2.3.1				
2.3.2				
2.3.3				
2.3.4				

PRIORITY OBJECTIVE #3: Financing for CYSHCN services minimizes financial hardship for their families.

Planned Activities/Action Steps		Outputs Immediate or by June 30, 2011	Short-Term Outcomes by Dec. 31, 2011	Intermediate Outcomes by Dec. 31, 2012	Long-Term Outcomes by June 20, 2015
Strategy 3.1: Enter Strategy, Essential MCH Service, and Planned Activities below.					
3.1		Strategy: Link families to CYSHCN providers who are contracted with CYSHCN and accept negotiated reimbursement rates.			
Essential MCH Service (select from list):		7. Link women & children with services and assure quality systems of care			
3.1.1					
3.1.2					
3.1.3					
3.1.4					
Strategy 3.2: Enter Strategy, Essential MCH Service, and Planned Activities below.					
3.2		Strategy: Ensure CYSHCN Clinic/Field staff assist families in applying for possible funding sources.			
Essential MCH Service (select from list):		9. Evaluate effectiveness, accessibility, quality			
3.2.1					
3.2.2					
3.2.3					
3.2.4					

Planned Activities/Action Steps	Outputs Immediate or by June 30, 2011	Short-Term Outcomes by Dec. 31, 2011	Intermediate Outcomes by Dec. 31, 2012	Long-Term Outcomes by June 20, 2015
Strategy 3.3: Enter Strategy, Essential MCH Service, and Planned Activities below.				
3.3 Strategy: Support expansion of primary and specialty care services to minimize travel time and missed work/school days.				
Essential MCH Service (select from list): 5. Leadership in setting priorities, planning and policy development				
3.3.1				
3.3.2				
3.3.3				
3.3.4				

Children & Youth with Special Health Care Needs Work Plan

VISION - Healthy Children in Healthy Families

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

GOAL STATEMENT: To enhance the health of all children and youth with special health care needs across the lifespan.

PRIORITY OBJECTIVE #1: All CYSHCN receive coordinated, comprehensive care within a medical home.

Indicator(s) for Priority Objective #1

- | | |
|----|--|
| A. | Percentage of CYSHCN who receive care in medical home as defined by AAP |
| B. | Percentage of CYSHCN who receive care in medical home |
| C. | Percentage of CYSHCN aged 2-17 with problems requiring counseling who received mental health care |
| D. | Percentage of CYSHCN who receive BOTH routine preventive medical and dental care visits? |
| E. | Percentage of CYSHCN who had at least one unmet medical need |
| F. | Percentage of CYSHCN who have at least one need for specific health services |
| G. | Percentage of CYSHCN who have at least one need for family supportive services |
| H. | Percentage of CYSHCN who had difficulty getting a referral |
| I. | Percentage of CYSHCN who had difficulty getting a referral |
| J. | Percentage of CYSHCN aged 1-17 who at least one oral health problem in past 6 months |
| K. | Percentage of CYSHCN aged 6-17 who have medical, behavioral or other health conditions which interfere with their ability to attend school regularly, participate in sports or other activities, or make friends |

	<i>Activities/Action Steps</i>	<i>Completion Date for Activity</i>	<i>Responsible Party</i>
1.1	Mobilize community partnerships (between policy makers, health care providers, families, and the public) by coordinating services for eligible CYSHCN identified through Newborn Screening and linking children		
1.2	Inform, educate, and involve families and providers about medical home components and initiatives to promote effective and successful systems change.		
1.3			

PRIORITY #2: CYSHCN receive services necessary to make transitions to all aspects of adult life, including adult health care, work and independence.

Indicator(s) for Priority Objective #2

- | | |
|----|--|
| A. | Percentage YSHCN (12-17 years) who receive the services necessary to make appropriate transitions to adult health care, work and independence |
| B. | Percentage of recipients successfully transition from Part C to Part B |
| C. | Percentage YSHCN receive all anticipatory guidance for transition to adult health care |
| D. | Percentage YSHCN whose doctors usually or always encourage development of age appropriate self management skills |
| E. | Percentage of CYSHCN program (15 and older) participants who found an adult doctor |
| F. | Percentage of CYSHCN program (15 and older) participants who found an adult specialist |
| G. | Percentage of CYSHCN program (15 and older) participants who know when to report changes in their health |
| H. | Percentage of CYSHCN program (15 and older) participants who know how to get emergency help |
| I. | Percentage of CYSHCN program (15 and older) participants who can take responsibility for their health needs at home |
| J. | Percentage of CYSHCN program (15 and older) participants who can take responsibility for their health needs at school or work |
| K. | Percentage of CYSHCN program (15 and older) participants who can follow medical directions |
| L. | Percentage of CYSHCN program (15 and older) participants who have plans where to live as an adult |
| M. | Percentage of CYSHCN program (15 and older) participants who can arrange transportation |
| N. | Percentage of CYSHCN program (15 and older) participants who have information about school or tech training |
| O. | Percentage of CYSHCN program (15 and older) participants who have skills to live independently |
| P. | Percentage of CYSHCN physician who always or usually report that the treatment plan addresses youth development in assuming personal care/management and transition planning to adult medical providers? |

	<i>Activities/Action Steps</i>	<i>Completion Date for Activity</i>	<i>Responsible Party</i>
2.1	Enhance community partnerships by identifying community resources, integrating service delivery systems, and streamlining the transition process for children and youth.		
2.2	Inform and educate children and youth about available transition services and where/how to access these services.		
2.3			

PRIORITY #3: Financing for CYSHCN services minimizes financial hardship for their families.

Indicator(s) for Priority Objective #3

- A. Percentage CYSHCN whose families pay \$1,000 or more out-of-pocket
- B. Percentage CYSHCN whose conditions cause financial problems for family
- C. Percentage CYSHCN whose families spend 11 or more hours a week providing health care
- D. Percentage CYSHCN whose conditions cause family members cut back or stopped working
- E. Percentage CSHCN (0-5 years) Parents who report at least one child care or employment issues
- F. Percentage CSHCN (0-5 years) Parents who report childcare effects employment
- G. Percentage CSHCN (0-5 years) Parents who made different arrangements for child care at the last minute due to circumstances beyond your control and had no problems
- H. Percentage CSHCN (6-11 years) who spends some time alone
- I. Percentage CYSHCN who have inadequate insurance
- J. Percentage CYSHCN have inadequate insurance
- K. Percentage CYSHCN parents whose out-of-pocket expenses are never or sometimes reasonable

	<i>Activities/Action Steps</i>	<i>Completion Date for Activity</i>	<i>Responsible Party</i>
3.1	Link families to CYSHCN providers who are contracted with CYSHCN and accept negotiated reimbursement rates.		

3.2	Ensure CYSHCN Clinic/Field staff assist families in applying for possible funding sources.		
3.3	Support expansion of primary and specialty care services to minimize travel time and missed work/school days.		

Children & Youth with Special Health Care Needs Indicators

PRIORITY OBJECTIVE #1: All CYSHCN receive coordinated, comprehensive care within a medical home.

	Indicator	KS	Year	Data Source
		Measure		
Medical Home	Percentage of CYSHCN who receive care in medical home as defined by AAP	49.3	2007	HRSA. Nation Survey of Child Health
	Percentage of CYSHCN who receive care in medical home	47.1	2005/2006	HRSA. Nation Survey of CSHCN
	Percentage of CYSHCN aged 2-17 with problems requiring counseling who received mental health care	71.6	2007	HRSA. Nation Survey of Child Health
	Percentage of CYSHCN who receive BOTH routine preventive medical and dental care visits	84.9	2007	HRSA. Nation Survey of Child Health
	Percentage of CYSHCN who had at least one unmet medical need	10.3	2007	HRSA. Nation Survey of Child Health
	Percentage of CYSHCN who have at least one need for specific health services	12	2005/2006	HRSA. Nation Survey of CSHCN
	Percentage of CYSHCN who have at least one need for family supportive services	3.2	2005/2006	HRSA. Nation Survey of CSHCN
	Percentage of CYSHCN who had difficulty getting a referral	11.4	2005/2006	HRSA. Nation Survey of CSHCN
	Percentage of CYSHCN who had difficulty getting a referral	12	2007	HRSA. Nation Survey of Child Health
	Percentage of CYSHCN aged 1-17 who at least one oral health problem in past 6 months	25.6	2007	HRSA. Nation Survey of Child Health
	Percentage of CYSHCN aged 6-17 who have medical, behavioral or other health conditions which interfere with their ability to attend school regularly, participate in sports or other activities, or make friends?	30.3	2007	HRSA. Nation Survey of Child Health

PRIORITY #2: CYSHCN receive services necessary to make transitions to all aspects of adult life, including adult health care, work and independence.

	Indicator	KS Measure	Year	Data Source
Transitioning	Percentage CYSHCN (12-17 years) who receive the services necessary to make appropriate transitions to adult health care, work and independence	41.2	2005/2006	HRSA. Nation Survey of CSHCN
	Percentage of recipients successfully transition from Part C to Part B	100	2009	Infant toddler program data.
	Percentage YSHCN receive all anticipatory guidance for transition to adult health care	32.4	2005/2006	HRSA. Nation Survey of CSHCN
	Percentage YSHCN whose doctors usually or always encourage development of age appropriate self management skills	78	2005/2006	HRSA. Nation Survey of CSHCN
	Percentage of CYSHCN program (15 and older) participants who found an adult doctor	25	2009	CYSHCN special survey
	Percentage of CYSHCN program (15 and older) participants who found an adult specialist	26	2009	CYSHCN special survey
	Percentage of CYSHCN program (15 and older) participants who know when to report changes in their health	54	2009	CYSHCN special survey
	Percentage of CYSHCN program (15 and older) participants who know how to get emergency help	66	2009	CYSHCN special survey
	Percentage of CYSHCN program (15 and older) participants who can take responsibility for their health needs at home	51	2009	CYSHCN special survey
	Percentage of CYSHCN program (15 and older) participants who can take responsibility for their health needs at school or work	51	2009	CYSHCN special survey
	Percentage of CYSHCN program (15 and older) participants who can follow medical directons	54	2009	CYSHCN special survey
	Percentage of CYSHCN program (15 and older) participants who have plans where to live as an adult	42	2009	CYSHCN special survey
	Percentage of CYSHCN program (15 and older) participants who can arrange transportation	39	2009	CYSHCN special survey
	Percentage of CYSHCN program (15 and older) participants who have information about school or tech training	28	2009	CYSHCN special survey
	Percentage of CYSHCN program (15 and older) participants who have skills to live independently	36	2009	CYSHCN special survey
Percentage of CYSHCN physician who always or usually report that the treatment plan addresses youth development in assuming personal care/management and transition planning to adult medical providers?	35.9	2009	CYSHCN special survey	

PRIORITY #3: Financing for CYSHCN services minimizes financial hardship for their families.

	Indicator	KS Measure	Year	Data Source
Impact on Families	% CYSHCN whose families pay \$1,000 or more out-of-pocket	21.9	2005/2006	HRSA. Nation Survey of CSHCN
	% CYSHCN whose conditions cause financial problems for family	21.4	2005/2006	HRSA. Nation Survey of CSHCN
	% CYSHCN whose families spend 11 or more hours a week providing health care	8	2005/2006	HRSA. Nation Survey of CSHCN
	% CYSHCN whose conditions cause family members cut back or stopped working	20.1	2005/2006	HRSA. Nation Survey of CSHCN
	% CSHCN (0-5 years) Parents who report at least one child care or employment issues	47.4	2007	HRSA. Nation Survey of Child Health
	% CSHCN (0-5 years) Parents who report childcare effects employment	14	2007	HRSA. Nation Survey of Child Health
	% CSHCN (0-5 years) Parents who made different arrangements for child care at the last minute due to circumstances beyond your control and had no problems	44	2007	HRSA. Nation Survey of Child Health
	% CSHCN (6-11 years) who spends some time alone	18.2	2007	HRSA. Nation Survey of Child Health
	% CYSHCN who have inadequate insurance	24.7	2007	HRSA. Nation Survey of Child Health
	% CYSHCN have inadequate insurance	30.1	2005/2006	HRSA. Nation Survey of CSHCN
	% CYSHCN parents whose out-of-pocket expenses are never or sometimes reasonable	18.9	2007	HRSA. Nation Survey of Child Health

Appendix G

Evaluation Results

- G. 1. Panel of Experts Evaluation of MCH 2015 after Meeting #2
- G. 2. MCH Program Staff Evaluation of Logic Model Development



MCH 2015 - Meeting 2 Evaluation Results

January 29, 2010

Pregnant Women and Infants
25.0% (8)

CYSHCN
25.0% (8)

Children and Adolescents
50.0% (16)

Have you used the website www.datacounts.net/mch Yes: 96.3% (26) No: 3.7% (1) Not Sure: 0.0% (0)

1. Organization & Accommodation	Excellent	Very Good	Good	Fair	Poor	N/A	Average
a. Overall organization/structure	67.6% (23)	23.5% (8)	8.8% (3)	0.0% (0)	0.0% (0)	0.0% (0)	4.59
b. Pre-meeting communication	61.8% (21)	23.5% (8)	14.7% (5)	0.0% (0)	0.0% (0)	0.0% (0)	4.47
c. Website	50.0% (16)	34.4% (11)	12.5% (4)	0.0% (0)	0.0% (0)	3.1% (1)	4.39
d. Meeting facilities	61.8% (21)	29.4% (10)	8.8% (3)	0.0% (0)	0.0% (0)	0.0% (0)	4.53
e. Lunch and snacks	58.8% (20)	32.4% (11)	8.8% (3)	0.0% (0)	0.0% (0)	0.0% (0)	4.50

Comments and Suggestions:

It would have been good for facilitator to have a more structured plan to guide the discussion and more the process along.

Regarding website, used only once. Great info, I just like hard copy better.

Ramada facility was much more accomodating and user-friendly than SRS Learning Center.

The website was extremely helpful. Thank you! Gary did a great job in responding to our questions with stats! The lunch was fantastic and healthy. The breakfast food was so good. Thank you for leaving it for our grazing! Donita was an excellent facilitator.

2. How strongly do you agree with each of these statements?	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Average
a. I understand the objectives of the MCH2015 priority-settign process and my role in this	60.6% (20)	39.4% (13)	0.0% (0)	0.0% (0)	0.0% (0)	4.61
b. The informational resources and data indicators provided were relevant to the priority-setting process.	55.9% (19)	44.1% (15)	0.0% (0)	0.0% (0)	0.0% (0)	4.56
c. From the data session and resources provided, I have a sufficient understanding of the indicators used for priority-setting.	51.5% (17)	48.5% (16)	0.0% (0)	0.0% (0)	0.0% (0)	4.52
d. The workgroup composition was sufficiently inclusive and representative of MCH populations and viewpoints.	51.5% (17)	36.4% (12)	6.1% (2)	6.1% (2)	0.0% (0)	4.33
e. I felt comfortable expressing my views.	63.6% (21)	30.3% (10)	6.1% (2)	0.0% (0)	0.0% (0)	4.58
f. All members of the workgroup were included in the decision-making process.	64.7% (22)	32.4% (11)	2.9% (1)	0.0% (0)	0.0% (0)	4.62
g. The decisions reached accurately reflected the consensus of the stakeholders.	61.8% (21)	32.4% (11)	5.9% (2)	0.0% (0)	0.0% (0)	4.56
h. The identified priorities and their associated strategies/action steps will help improve the health of Kansas women, infants, children, and youth over the next five years.	64.7% (22)	35.3% (12)	0.0% (0)	0.0% (0)	0.0% (0)	4.65
i. /my organization will support these priorities over the next five years.	72.7% (24)	24.2% (8)	3.0% (1)	0.0% (0)	0.0% (0)	4.70

Comments and Suggestions:

It went much smoother this year.

There were no youth/adolescents in the group.

The workgroup, I felt, lacked diversity. It was a pretty homogenous group. There could have been others included that I feel would have offered diff. views. -Not the workgroup I asked to serve in; not much knowledge or passion in this workgroup. See comments below.

I applaud the diversity of the committee members when it comes to the community makeup (rural vs urban) and (state vs. local). However I do wonder if it would add to the conversation to have more diversity within the areas of race, ethnicity, and age.

This is my second experience with the process and this was a definite improvement when compared to the first time around (MCH 2010).

Jon did an excellent job.

Cannot speak for the leadership but feel I had a real voice in identification, and I see how our work contributes to the outcome. We will certainly affect the outcome through our work.

3. What part of the process have you found to be the most valuable

The networking of people from different walks of professions, learning about areas that I may not have been aware of before.

Listening to other people expressing their views.

Small group collaborations.

Jean was awesome at moving us forward!

The group process of interpreting the available data and having the opportunity to ask for more information/interpretation before being asked to identify priorities.

Networking and sharing of ideas and information as well as facilitators' compilations of information gathered.

The networking with others in the MCH field and information sharing has been great!!

Having an outstanding facilitator! I liked the breakout sessions and how we worked thru issues. Also, Jamie Kim's research was bar-none!

I thought both the meetings were very well organized - the group stayed on tasks - had pertinent handouts, etc. Connie and staff were great.

I really enjoyed the opportunity to have "homework" on the prioritization of indicators between the first and second meetings. I thought it really helped to focus our conversation in the 2nd meeting.

Learning from others

The data and group discussions in order to address our priorities.

Indices identification and prioritizing. Why: It was an education in how the process works.

The processing

Meeting and understanding what CYSHCN

Interacting with people.

Reviewing the data and networking with other maternal child health experts and advocates.

The results.

The discussion/interactive process of coming up with not only priorities, but strategies as well. Also, brief summaries with discussion of data.

Networking

Conversations

Input from various individuals. Ideas of what I can do in my own practice.

Conversation and relationship-building, creating understanding. Data, prep and facilitation in my group all were strong.

4. What part of the process have you found to be the least valuable

Found the process very beneficial to self and the things I support in the community.

Drilling down specific language was tedious and not totally useful.

Sometimes I felt that our discussion went in circles and we were just restating what others have said. The afternoon session for identifying strategies was pretty nebulous for me.

All was great. One small thing - can we put the agency a person works for on their table name plate? (sketch)

In the strategy discussion we seemed to talk a bit in circles due to the overwhelming magnitude of the challenges presented. I am not sure how to improve this necessarily.

"Simple" identifiers for documents. I learned that when there is a folder with lots of papers they should be color coded or well marked with an identifier. I had problems keeping up with which papers we reviewed.

nothing

No breaks.

5. Are there any other comments or suggestions you would like t

Thank you for the opportunity to come, enjoy, learn and share.

Very well coordinated

Very good!

Can't wait to be a part of solution!

Reporting off of each of the priority groups, allow more time for the priority groups to work through their strategies.

Thank you for your concerns and work!

I was personally frustrated to be asked to sit in a workgroup that was/is not my expertise. I am very passionate about my job and area I serve and it was disappointing to not be able to participate with that workgroup. I feel I could have offered much more "expert" knowledge or thoughts in my own area and have been able to feel like a better contributing member of the panel of experts. *I would like to see more meetings related to the actual MCH block grant and how to report on these priorities.*

Great food!

The facilitator was very organized and did a wonderful job keeping us on track.

Include a strategy relating to suicide prevention.

Thank you.

This was an outstanding process. Kudos KDHE, staff. And I have high standards about planning.



MCH 2015 KDHE Staff Workday Evaluation Results

March 26th, 2010

Pregnant Women and Infants
44.4% (4)

CYSHCN
22.2% (2)

Children and Adolescents
33.3% (3)

Have you used the website: www.datacounts.net/mch2015?
Yes: 100.0% (6) No: 0.0% (0) Not Sure: 0.0% (0)

1. Organization, Tools, Facilities	Excellent	Very Good	Good	Fair	Poor	N/A	Average
a. Overall organization/structure	70.0% (7)	30.0% (3)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	4.70
b. Website	50.0% (5)	50.0% (5)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	4.50
c. Facilitation	70.0% (7)	30.0% (3)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	4.70
d. Handouts	60.0% (6)	40.0% (4)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	4.60
e. Logic model/workplan tool	70.0% (7)	30.0% (3)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	4.70
f. Meeting facilities	80.0% (8)	10.0% (1)	10.0% (1)	0.0% (0)	0.0% (0)	0.0% (0)	4.70
g. Lunch & snacks	90.0% (9)	10.0% (1)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	4.90

Comments and Suggestions:

Excellent!

Wonderful Day

Excellent!

2. How strongly do you agree with each of these statements?	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Average
a. I understood our objective for today's work session and how it fits with the overall five-year needs assessment process.	60.0% (6)	40.0% (4)	0.0% (0)	0.0% (0)	0.0% (0)	4.60
b. I understood how to fill out and use the logic model and workplan.	40.0% (4)	60.0% (6)	0.0% (0)	0.0% (0)	0.0% (0)	4.40
c. We had the staff members we needed at the table today to get a good start on our logic model and workplan.	40.0% (4)	50.0% (5)	10.0% (1)	0.0% (0)	0.0% (0)	4.30
d. The action steps, outputs, etc. selected today will help achieve the identified priority objectives over the next five years.	30.0% (3)	60.0% (6)	10.0% (1)	0.0% (0)	0.0% (0)	4.20
e. Responsibility for each action step was clearly identified.	50.0% (5)	40.0% (4)	10.0% (1)	0.0% (0)	0.0% (0)	4.40
f. Collaborative opportunities with stakeholders and partners were adequately considered and built into the logic model and workplan.	50.0% (5)	50.0% (5)	0.0% (0)	0.0% (0)	0.0% (0)	4.50
g. I am confident that we will complete the unfinished portions of the Logic Models and Workplans and that these tools will be utilized and updated regularly over the next five years.	40.0% (4)	50.0% (5)	10.0% (1)	0.0% (0)	0.0% (0)	4.30
h. It is feasible for us to accomplish the action steps we listed within the identified timeline.	40.0% (4)	40.0% (4)	20.0% (2)	0.0% (0)	0.0% (0)	4.20

Comments and Suggestions:

There is room for improvement on my part.

3. Five years from now, if you were in charge of MCH2020, what one thing would you be sure to keep the same?

Convene a stakeholder meeting.

I would keep group work meetings.

Involve some stakeholders in the logic model development.

This portion of the needs assessment.

This process

4. ...what one thing would you be sure to change?

Have better facilitation to narrow down priorities.

I would add another work day for logic model work.

Allocate more time to the logic models.

Not sure of anything to change

5. Are there any other comments or suggestions you would like to share?

Asking specific question on each step of the logic model is very helpful. Very good training on use of logic model.

I really appreciate working with Adam, Amy, Connie and Sharon. All were exceptional in terms of helping us with this project.

None

Appendix H

Key MCH 2015 Results

- H. 1. Summary of Vision, Mission, Goals, and Core Values
- H. 2. Outline of Priorities and Strategies

MCH 2015 Action Plan:

- H. 3. PW&I Logic Model and Work Plan
- H. 4. C&A Logic Model and Work Plan
- H. 5. CYSHCN Logic Model and Work Plan



VISION: HEALTHY CHILDREN IN HEALTHY FAMILIES

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

GOAL: To enhance the health of Kansas women and infants across the lifespan

Priority #1: **All women receive early and comprehensive health care before, during and after pregnancy**

Priority #2: **Improve mental health and behavioral health of pregnant women and new mothers**

Priority #3: **Reduce preterm births (including low birth weight and infant mortality)**

Priority #4: **Increase initiation, duration, and exclusivity of breastfeeding**

GOAL: To enhance the health of Kansas children and adolescents across the lifespan

Priority #1: **All children and youth receive health care through medical homes**

Priority #2: **Reduce child and adolescent risk behaviors relating to alcohol, tobacco and other drugs**

Priority #3: **All children and youth achieve and maintain healthy weight**

GOAL: To enhance the health of all Kansas children and youth with special health care needs across the lifespan

Priority #1: **All CYSHCN receive coordinated, comprehensive care within a medical home**

Priority #2: **Improve the capacity of YSHCN to achieve maximum potential in all aspects of adult life, including appropriate health care, meaningful work, and self-determined independence**

Priority #3: **Financing for CYSHCN services minimizes financial hardship for their families**

CORE VALUES

➤ **Prevention & Wellness**

A program of activities directed at improving general well-being while also involving specific protection for selected diseases, such as immunization against measles.

A set of organized activities and systematic interventions, offered through workplaces, government, community agencies, etc whose primary purposes are to provide health education, identify modifiable health risks, and influence health behavior changes.

➤ **Social Determinants of Health**

The conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.

➤ **Life Course Perspective**

A growing awareness in public health research of the long-term impact on health of various events and exposures earlier in life.

The first proponents of the 'life course perspective' concentrated on events and exposures in fetal life, but later studies showed that circumstances throughout childhood and adult age influence health in old age. A number of chronic diseases such as coronary heart disease, stroke, and some cancers seem to be influenced by factors acting across the entire life course... There is increasing evidence that a number of other factors, operating at special critical periods earlier in life, may also influence health at later periods of the life course such as infections during childhood.

➤ **Health Equity**

Those differences in population health that can be traced to unequal economic and social conditions and are systemic and avoidable – and thus inherently unjust and unfair. In order to improve public health, we need to improve society... the ways in which jobs, working conditions, education, housing, social inclusion, and even political power influence individual and community health. When societal resources are distributed unequally by class and by race, population health will be distributed unequally along those lines as well.

10 Essential Maternal and Child Health Services

1. Assessment and monitoring of maternal and child health status to identify and address problems.
2. Diagnosis and investigation of health problems and health hazards affecting women, children and youth.
3. Information and education to the public and families about maternal and child health issues.
4. Mobilizing community partnerships between policy makers, health care providers, families, the general public, and others to identify and solve maternal and child health problems.
5. Providing leadership for priority setting, planning, and policy development to support community efforts to assure the health of women, children, youth, and their families.
6. Promotion and enforcement of legal requirements that protect the health and safety of women, children, and youth, and ensuring public accountability for their well-being.
7. Linking women, children and youth to health and other community and family services and assure quality systems of care.
8. Assuring the capacity and competency of the public health and personal health work force to effectively address maternal and child health needs.
9. Evaluation of the effectiveness, accessibility and quality of personal health and population-based maternal and child health services.
10. Support for research and demonstrations to gain new insights and innovative solutions to maternal and child health related problems.

VISION: HEALTHY CHILDREN IN HEALTHY FAMILIES

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

Pregnant Women and Infants

GOAL: To enhance the health of Kansas women and infants across the lifespan

Priority #1: All women receive early and comprehensive health care before, during and after pregnancy

Strategy 1.1: Educate women and the public about reproductive health decisions that lead to a healthy pregnancy.

Strategy 1.2: Utilize community partners to disseminate information about all phases of healthy pregnancies.

Strategy 1.3: Assure evidence-based home visiting services for high risk pregnant women.

Priority #2: Improve mental health and behavioral health of pregnant women and new mothers

Strategy 2.1: Inform and Educate public and families about mental health and behavioral health issues surrounding pregnancy.

Strategy 2.2: Assess/monitor mental and behavioral health status of KS women.

Strategy 2.3: Educate public health/private provider work force about behavioral and mental health issues during pregnancy.

Priority #3: Reduce preterm births (including low birth weight and infant mortality)

Strategy 3.1: Inform and educate the public about contributing factors leading to preterm birth.

Strategy 3.2: Assure public health workforce capacity to address prematurity.

Strategy 3.3: Support local projects that address health disparities among pregnant women including evaluation.

Priority #4: Increase initiation, duration, and exclusivity of breastfeeding

Strategy 4.1: Educate Kansans on the benefits of breastfeeding infants exclusively for the first six months.

Strategy 4.2: Collaborate with hospitals and employers to adapt policies to support initiation and continuation of breastfeeding infants.

Strategy 4.3: Provide education and training of health care providers and public health workforce in comprehensive lactation support services.

Children and Adolescents

GOAL: To enhance the health of Kansas children and adolescents across the lifespan

Priority #1: All children and youth receive health care through medical homes

Strategy 1.1: Educate families on the importance of preventive healthcare with a primary provider in a medical home.

Strategy 1.2: Enlist the assistance of community partners to increase Medicaid/HealthWave enrollment for eligible children.

Strategy 1.3: Assure the local MCH agencies utilize referral resources for medical, mental health and dental health.

Priority #2: Reduce child and adolescent risk behaviors relating to alcohol, tobacco and other drugs

Strategy 2.1: Develop a statewide strategic plan for adolescent health that incorporates ATOD reduction.

Priority #3: All children and youth achieve and maintain healthy weight

Strategy 3.1: Provider education on AAP healthy weight guidelines.

Strategy 3.2: Conduct a social marketing campaign about healthy weight for young Kansas children.

Children & Youth with Special Health Care Needs

GOAL: To enhance the health of all Kansas children and youth with special health care needs across the lifespan

Priority #1: All CYSHCN receive coordinated, comprehensive care within a medical home

Strategy 1.1: Inform, educate, and involve families and providers about medical home components and initiatives to promote effective and successful systems change.

Strategy 1.2: Mobilize community partnerships (between policy makers, health care providers, families, and the public) by coordinating services for eligible CYSHCN and linking children and families to providers and community services/resources.

Priority #2: Improve the capacity of YSHCN to achieve maximum potential in all aspects of adult life, including appropriate health care, meaningful work, and self-determined independence

Strategy 2.1: Enhance community partnerships by identifying community resources, integrating service delivery systems, and streamlining the transition process for children and youth.

Strategy 2.2: Inform and educate children, youth, and families about available transition services and where/how to access these services.

Priority #3: Financing for CYSHCN services minimizes financial hardship for their families

Strategy 3.1: Link families to providers who are contracted with or referred by the CYSHCN program and accept negotiated reimbursement rates.

Strategy 3.2: Ensure CYSHCN Clinic/Field staff assist families in applying for and maximizing benefit of funding sources and family supports.

Strategy 3.3: Support expansion of primary and specialty care services to minimize travel time and missed work/school days.

Pregnant Women & Infants Logic Model

VISION - Healthy Children in Healthy Families

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

GOAL STATEMENT: To enhance the health of Kansas women and infants across the lifespan.

PRIORITY OBJECTIVE #1: All women receive early and comprehensive health care before, during and after pregnancy.

Planned Activities/Action Steps		Outputs	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
1.1 Strategy:		Educate women and the public about reproductive health decisions that lead to a healthy pregnancy			
Essential MCH Service:		3. Inform/educate the public/families about MCH issues			
1.1.1	Plan, Implement and evaluate public health messages through advanced technology media (billboards, text4baby, facebook, twitter, Op-Ed pieces, Dr. Jason's Blog).	Number reached through text4baby. Number of billboards. Number of Op-Ed pieces published.	Information is readily available to the public and to pregnant women about the health benefits of early, comprehensive health care before, during and after pregnancy.	Information about the value of early and comprehensive health care for women of reproductive age is assimilated by the public and pregnant women.	Women receive early and comprehensive health care before, during, and after pregnancy.
1.1.2	Modify MCH Aid-to-Local contract language to incorporate a requirement of information/education to public/families about the importance of early and comprehensive health care before, during and after pregnancy.	Change in contract language. Develop and disseminate guidance document.	Change in knowledge by state and local staff to inform/educate the public and families about the importance of early and comprehensive health care, before, during and after pregnancy	State and local MCH and Healthy Start staff utilize new knowledge to inform/educate the public and families about the importance of early and comprehensive health care before, during and after pregnancy.	

1.2		Strategy: Utilize community partners to disseminate information about all phases of healthy pregnancies			
Essential MCH Service :		4. Mobilize community partnerships to solve MCH issues			
1.2.1	Educate women and their male partners to understand and participate in reproductive health decisions that lead to healthy pregnancies through the Fatherhood Coalition efforts.	Partnership with the KS Fatherhood Coalition. Support the Annual Parent Leadership Conference incorporating fatherhood messages.	Kansas fathers have information to support their partners' healthy pregnancies.	Kansas fathers support their partners' healthy pregnancies.	Women receive early and comprehensive health care through pregnancy phases.
1.2.2	Maintain and enhance partnerships with professional health care provider groups (AAP, family practice, ObGyn, nursing groups, others) to promote quality and comprehensive prenatal care.	Quarterly KMCHC meeting minutes. Representation of each major provider group.	Increased knowledge among professional health care provider groups regarding quality and comprehensive prenatal care.	Increased collaboration among professional health care provider groups regarding quality and comprehensive prenatal care.	
1.3		Strategy: Assure evidence-based home visiting services for high risk pregnant women			
Essential MCH Service:		7. Link women & children with services and assure quality systems of care			
1.3.1	Apply for Federal funding to conduct an evidence-based home visiting program project.	Application submitted. KHI, KALHD and EC as partners.	Kansas partners know about evidence base for home visiting services.	Kansas partners initiate evidence-based home visiting services.	Women receive early and comprehensive health care before, during, and after pregnancy.
1.3.2	Review of evidence base for services provided by Healthy Families grantees and modify as needed.	Review document completed with recommendations. Modify grant application package as needed.			

PRIORITY OBJECTIVE #2: Improve mental health and behavioral health of pregnant women and new mothers.

Planned Activities/Action Steps		Outputs	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
2.1		Strategy: Inform and Educate public and families about mental health and behavioral health issues surrounding pregnancy			
Essential MCH Service:		3. Inform/educate the public/families about MCH issues			
2.1.1	Plan, Implement and evaluate public health messages through advanced technology media (billboards, text4baby, facebook, twitter, Op-Ed pieces, Dr. Jason's Blog)	Number reached through text4baby Number of billboards Number of Op-Ed pieces published	Information is readily available to the public and to pregnant women about the health benefits of early, comprehensive health care before, during and after pregnancy	Information about the value of early/comprehensive health care for women of reproductive age is assimilated by the public and pregnant women	Improve mental health and behavioral health of pregnant women and new mothers.
2.1.2	Obtain resources to address public information/education re: pre and postnatal depression.	Submit applications for funding. Funding obtained			
2.2		Strategy: Assess/monitor mental and behavioral health status of KS women			
Essential MCH Service:		1. Assess/monitor health status of women and children to identify / address problems			
2.2.1	Conduct maternal health surveillance to assess/monitor mental and behavioral health status of KS women.	Obtain statutory authority to conduct maternal surveillance. Identify sources of data and data gaps relating to mental and behavioral health status of KS women. Develop a plan to fill data gaps. Obtain resources to initiate (PRAMS).	Assessment completed to obtain quality information related to mental and behavioral health status of KS women.	Quality information is available relating to mental and behavioral health status of KS women.	Improve mental health and behavioral health of pregnant women and new mothers.

2.3		Strategy: Educate public health/private provider work force about behavioral and mental health issues during pregnancy			
Essential MCH Service:		8. Assure work force capacity and competency			
2.3.1	Educate public health/private provider work force about behavioral and mental health issues during pregnancy in partnership with mental health and substance abuse professionals.	<p>Inventory of evidenced based tools for diagnosing mood disorders, substance abuse, intimate partner violence, sexual assault, ATOD to health care providers and public health workforce.</p> <p>Disseminate tools.</p> <p>Establish web page with access to tools.</p> <p>Publication (including web site) of inventory of evidenced based tools.</p> <p>Number of health professionals educated about inventory.</p> <p>Mental health and substance abuse partnerships are established.</p>	Increased knowledge by public health/private provider work force about behavioral and mental health issues during pregnancy.	Public health/private provider work force implements evidence-based tools to address behavioral and mental health issues during pregnancy.	Improvement in mental health and behavioral health of pregnant women and new mothers.

PRIORITY OBJECTIVE #3: Reduce preterm births (including LBW and IMR).

Planned Activities/Action Steps		Outputs	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
3.1 Strategy:		Inform and educate the public about contributing factors leading to preterm birth			
Essential MCH Service:		3. Inform/educate the public/families about MCH issues			
3.1.1	Inform and educate the public about factors contributing to preterm/LBW/IMR through advanced technology media (billboards, text4baby, facebook, twitter, Op-ed pieces, Dr. Jason's Blog).	Planning documents completed. Implementation of media messaging. Evaluation plan developed.	Increased knowledge by public about contributing factors leading to preterm/LBW/IMR.	Kansans adopt healthy behaviors to reduce preterm/LBW/IMR.	Reduction in the rate of preterm births.
3.1.2	Partner with MOD to reduce preterm births on National Prematurity Campaign.	Schedule planning meeting with MOD. MOA developed. Completion of scheduled activities.	Increased knowledge about mutual interests in reducing prematurity.	Implementation of joint efforts to reduce prematurity.	
3.2 Strategy:		Assure public health workforce capacity to address prematurity			
Essential MCH Service:		8. Assure work force capacity and competency			
3.2.1	Educate the public health workforce on best practice to reduce prematurity.	Number of public health conference presentations Number of newsletter articles Number of webinars	Increased knowledge of best practice strategies to reduce prematurity in the public health work force.	Increased use of evidence-based practice to address prematurity by the public health workforce.	Reduction in the rate of preterm births.
3.3 Strategy:		Support local projects that address health disparities among pregnant women including evaluation			
Essential MCH Service:		10. Support research and demonstration projects			
3.3.1	Support evidence-based local projects that address health disparities among pregnant women including evaluation.	Identify evidence-based models for local projects. Identify resources for local projects. Project implementation.	Enhanced knowledge base about evidence-based practice to address disparities.	Adoption of evidence-based practice to address disparities related to prematurity.	Reduction in the rate of preterm births.

PRIORITY OBJECTIVE #4: Increase initiation, duration and exclusivity of breastfeeding.

Planned Activities/Action Steps		Outputs	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
4.1 Strategy:		Educate Kansans on the benefits of breastfeeding infants exclusively for the first six months			
Essential MCH Service:		3. Inform/educate the public/families about MCH issues			
4.1.1	Educate Kansans on the benefits of breastfeeding infants exclusively for the first six months. (breastfeeding peer counselor program).	Number of peer counselors trained. Number of WIC participants who receive peer counselor services. State breastfeeding peer counselor supervisor hired.	Increase knowledge of Kansans of the benefits of exclusive breastfeeding.	More Kansans exclusively breastfeed for the first 6 months.	All Kansas women practice exclusive breastfeeding for the first 6 months.
4.2 Strategy:		Collaborate with hospitals and employers to adapt policies to support initiation and continuation of breastfeeding infants			
Essential MCH Service:		4. Mobilize community partnerships to solve MCH issues			
4.2.1	Expansion of The Business Case for Breastfeeding Program to employers.	Number of businesses contacted. Number of people trained to contact businesses. Number of trainings presented.	Kansas employers know the benefits of supporting breastfeeding employees.	Kansas employers implement best practices to support breastfeeding employees.	All Kansas women practice exclusive breastfeeding for the first 6 months.
4.2.2	Expansion of Business Case for Breastfeeding Program to hospitals.	Award plan and evaluation criteria developed. Number of hospitals evaluated. Award a hospital for implementation of best practices - Approximation of the WHO Baby Friendly Initiative.	Increase knowledge by Kansas hospitals about best practices to support breastfeeding dyads.	Kansas hospitals implement best practices to support breastfeeding dyads.	
4.3 Strategy:		Provide education and training of health care providers and public health workforce in comprehensive lactation support services			
Essential MCH Service:		8. Assure work force capacity and competency			
4.3.1	Implement Loving Support Breastfeeding training.	Number of public health workforce trained. Number of training sessions completed. Number of home visitors trained.	Increased knowledge by public health workforce regarding best practices for lactation promotion and support.	Implementation by public health workforce of best practices for lactation promotion and support.	All Kansas women practice exclusive breastfeeding for the first 6 months.

Pregnant Women & Infants Work Plan

VISION - Healthy Children in Healthy Families

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

GOAL STATEMENT: To enhance the health of Kansas women and infants across the lifespan.

PRIORITY OBJECTIVE #1: All women receive early and comprehensive health care before, during and after pregnancy.

Indicator(s) for Priority Objective #1

*Source:

	1. Percentage of women who currently have some type of health care coverage (ages 18-44)	BRFSS
SPM #1	Percent of women in their reproductive years with adequate information and supports to make sound decisions about their health care - text4baby	

Previously selected indicator

	<i>Activities/Action Steps</i>	<i>Completion Date for Activity</i>	<i>Responsible Party</i>
1.1	Educate women and the public about reproductive health decisions that lead to a healthy pregnancy.		
1.1.1	Plan, Implement and evaluate public health messages through advanced technology media (billboards, text4baby, facebook, twitter, Op-Ed pieces, Dr. Jason's Blog)	1/1/2011	Joe Kotsch
1.1.2	Modify MCH Aid-to-Local contract language to incorporate a requirement of information/education to public/families about the importance of early and comprehensive health care before, during and after pregnancy.	1/1/2012	Jamie Klenklen
1.2	Utilize community partners to disseminate information about healthy pregnancies, all phases		
1.2.1	Educate women and their male partners to understand and participate in reproductive health decisions that lead to healthy pregnancies through the Fatherhood Coalition efforts	2013	Joe Kotsch
1.2.2	Maintain and enhance partnerships with professional health care provider groups (AAP, family practice, ObGyn, nursing groups, others) to promote quality and comprehensive prenatal care	2015	Ileen Meyer
1.3	Assure evidence-based home visiting services for high risk pregnant women.		
1.3.1	Apply for Federal funding to conduct an evidence-based home visiting program project.	7/1/2011	Linda Kenney, Partners
1.3.2	Review of evidence base for services provided by Healthy Families grantees and modify as needed	7/1/2011	Jamie Klenklen

PRIORITY #2: *Improve mental health and behavioral health of pregnant women and new mothers.*

Indicator(s) for Priority Objective #2		*Source:
1.	Percentage of women who report that their mental health was not good for at least 14 out of the past 30 days (ages 18-44)	BRFSS
2.	Percentage of women having a live birth who smoked cigarettes during pregnancy	Birth Certificate / PNSS
3.	Percentage of women having a live births who drank 3 months prior to pregnancy	PNSS
Percent of women who report cigarette smoking during pregnancy - Birth Certificate		

Previously selected indicators

SPM #2

	Activities/Action Steps	Completion Date for Activity	Responsible Party
2.1	Inform and Educate public and families about mental health and behavioral health issues surrounding pregnancy		
2.1.1	Plan, Implement and evaluate public health messages through advanced technology media (billboards, text4baby, facebook, twitter, Op-Ed pieces, Dr. Jason's Blog)	2011	Joe Kotsch
2.1.2	Obtain resources to address public information/education re: pre and postnatal depression.	2011	¹ Jean DeDonder ² Barb Gibson
2.2	Assess/monitor mental and behavioral health status of KS women		
2.2.1	Conduct maternal health surveillance to assess/monitor mental and behavioral health status of KS women	2012	Jamie Kim
2.3	Educate public health/private provider work force about behavioral and mental health issues during pregnancy.		
2.3.1	Educate public health/private provider work force about behavioral and mental health issues during pregnancy in partnership with mental health and substance abuse professionals	2014	Joe Kotsch

PRIORITY #3: Reduce preterm and low birthweight births, and infant mortality.

Indicator(s) for Priority Objective #3		*Source:
1.	Percentage of total preterm births (<37 weeks) . Percentage of live births at 34 to 36 weeks of gestation (late preterm) . Percentage of live births at <32 weeks of gestation (very premature)	Birth Certificate
SPM #3	Percent of live births that are born preterm <37 weeks gestation - Birth Certificate	

Previously selected indicator

	Activities/Action Steps	Completion Date for Activity	Responsible Party
3.1	Inform and educate the public about contributing factors leading to preterm birth.		
3.1.1	Inform and educate the public about factors contributing to preterm/LBW/IMR through advanced technology media (billboards, text4baby, facebook, twitter, Op-ed pieces, Dr. Jason's Blog)	2015	Joe Kotsch, Pat Dunavan
3.1.2	Partner with MOD to reduce preterm births on National Prematurity Campaign.	2015	Joe Kotsch, Pat Dunavan
3.2	Assure public health workforce capacity to address prematurity.		
3.2.1	Educate the public health workforce on best practice to reduce prematurity.	2012	Joe Kotsch
3.3	Support local projects that address health disparities among pregnant women including evaluation.		
3.3.1	Support evidence-based local projects that address health disparities among pregnant women including evaluation.	2011	Ileen Meyer

PRIORITY #4: Increase initiation, duration and exclusivity of breastfeeding.

Indicator(s) for Priority Objective #4

***Source:**

SPM #4

1.	Percentage of Kansas WIC infants breastfed at least 6 months	PedNSS
Percent of infants exclusively breastfed at least 6 months - National Immunization Survey		

Previously selected indicator

	Activities/Action Steps	Completion Date for Activity	Responsible Party
4.1	Educate Kansans on the benefits of breastfeeding infants exclusively for the first six months.		
4.1.1	Educate Kansans on the benefits of breastfeeding infants exclusively for the first six months. (breastfeeding peer counselor program)	Ongoing	Pat Dunavan
4.2	Collaborate with hospitals and employers to adapt policies to support initiation and continuation of breastfeeding infants.		
4.2.1	Expansion of The Business Case for Breastfeeding Program to employers.	End of 2011	Pat Dunavan
4.2.2	Expansion of Business Case for Breastfeeding Program to hospitals	2012	Pat Dunavan
4.3	Provide education and training of health care providers and public health workforce in comprehensive lactation support services.		
4.3.1	Implement Loving Support Breastfeeding training	Jan 2011	Pat Dunavan

*Note: All sources available annually

Children & Adolescents Logic Model

VISION - Healthy Children in Healthy Families

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

GOAL STATEMENT: To enhance the health of children and adolescents across the lifespan.

PRIORITY OBJECTIVE #1: All children and youth receive health care through medical homes.

Planned Activities/Action Steps		Outputs	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
1.1 Strategy: Educate families on the importance of preventive healthcare with a primary provider in a medical home					
Essential MCH Service (select from list):		3. Inform/educate the public/families about MCH issues			
1.1.1	Disseminate "What To Do When Your Child Gets Sick" through MCH local agencies to improve health literacy of parents.	Number distributed.	Parents are aware of the importance of care within a medical home.	Parents articulate the importance of care within a medical home.	All children and youth receive health care through medical homes.
1.1.2	Develop and disseminate additional materials that educate parents about medical home and how to navigate the health care system.	Number of handouts developed & distributed.			
1.1.3	Provision of information and education to public health and health care providers through articles in newsletters and other publications.	Number of articles developed & printed.	Providers are aware of the importance of care within a medical home.	Providers articulate the importance of care within a medical home.	

1.2		Strategy: <i>Enlist the assistance of community partners to increase Medicaid/HealthWave enrollment for eligible children</i>			
Essential MCH Service:		4. Mobilize community partnerships to solve MCH issues			
1.2.1	Establish a schedule of regular meetings with Medicaid staff to define how the MCH public health system can assure community outreach and enrollment of eligible children.	Number of community partners engaged in medical home initiative. Number of children enrolled in Medicaid. Number of children enrolled in Healthwave.	MCH and KHPA staff develop and implement plan to mobilize public health system.	MCH and KHPA staff mobilize public health system.	All children and youth receive health care through medical homes.
1.2.2	Enlist the assistance of school nurses to outreach and enroll eligible school children through education at school nurse conferences.	Number of school nurses participating in conference. Number that report enrollment of children in school nurse survey.	School nurses know procedures to outreach and enroll school children.	School nurses engage in outreach and enrollment.	
1.2.3	Enlist the assistance of day care providers to outreach and enroll eligible children through MCH local agencies' grant/contract requirements.	Number of day care providers who receive information and education about enrollment of young children.	Day care providers know how to identify and refer eligible children.	Day care providers refer eligible children.	
1.2.4	Enlist the assistance of faith-based and other community organizations to identify and refer for enrollment eligible children - through MCH local agencies grant/contract requirements.	Number of faith-based and other community organizations identifying and enrolling children.	Faith-based and other community organizations know how to identify and refer eligible children.	Faith-based and other community organizations identify and refer eligible children.	
1.3		Strategy: <i>Assure the local MCH agencies utilize referral resources for medical, mental health and dental health</i>			
Essential MCH Service:		7. Link women & children with services and assure quality systems of care			
1.3.1	Assure that local MCH agencies comply with MCH guidelines for referral resources to medical, mental health and dental services for children.	Number of MCH local agencies in compliance with guidelines.	MCH providers are knowledgeable about referral resources.	MCH providers refer to mental, mental health, and dental services as needed.	All children and youth receive health care through medical homes.
1.3.2	Publicize availability of on-line directory of children's mental health services (ABCD+) focusing on schools, public health, day care, and private health care providers.	Number of newsletter articles published; number of direct mailings.	Providers know referral resources for children's mental health services.	Providers refer to referral resources for children's mental health services.	

PRIORITY OBJECTIVE #2: Reduce child and adolescent risk behaviors relating to alcohol, tobacco and other drugs.

Planned Activities/Action Steps		Outputs	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
2.1 Strategy: Develop a statewide strategic plan for adolescent health that incorporates ATOD reduction					
Essential MCH Service: 4. Mobilize community partnerships to solve MCH issues					
2.1.1	Develop a State Plan for Adolescent Health including recommended action steps tied to evidence-informed practices and evaluation strategies; identify and convene stakeholders; enlist technical assistance from CDC-DASH; search and apply for grant funding to support and sustain strategic plan.	Environmental plan to identify stakeholders. Number of meetings convened. Draft plan developed. Final plan developed.	Increased stakeholder knowledge of adolescent health issues related to ATOD.	Increased collaboration among stakeholders in addressing adolescent ATOD use.	Reduce risky behaviors linked to ATOD use (MVs, teen pregnancy, etc.).

PRIORITY OBJECTIVE #3: All children and youth achieve and maintain healthy weight.

Planned Activities/Action Steps		Outputs	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
3.1 Strategy:		Provider education on AAP healthy weight guidelines			
Essential MCH Service:		3. Inform/educate the public/families about MCH issues			
3.1.1	Assure education for MCH grantees and private providers on AAP's Healthy Habits accessible free through KS-TRAIN.	Number of MCH grantees trained on AAP healthy weight guidelines. Number of private providers who receive education.	Professionals are trained to utilize AAP guidelines.	Providers use the AAP guidelines.	All children and youth achieve and maintain healthy weight.
3.2 Strategy:		Conduct a social marketing campaign about healthy weight for young Kansas children			
Essential MCH Service :		3. Inform/educate the public/families about MCH issues			
3.2.1	Conduct a social marketing campaign about healthy weight for young Kansas children.	Number of billboards. Number of PSAs. Number of flyers. Number of media hits. Number of web site hits. Number of blogs, etc.	Kansas parents know about healthy weight.	Kansas parents utilize healthy weight practices in the home.	All children and youth achieve and maintain healthy weight.

Children & Adolescents Work Plan

VISION - Healthy Children in Healthy Families

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

GOAL STATEMENT: To enhance the health of children and adolescents across the lifespan.

PRIORITY OBJECTIVE #1: All children and youth receive health care through medical homes.

Indicator(s) for Priority Objective #1

SPM #5 Percent of children who receive care in a medical home as defined by the AAP - National Survey of Child Health (NSCH)

	Activities/Action Steps	Completion Date for Activity	Responsible Party
1.1	Educate families on the importance of preventive healthcare with a primary provider in a medical home		
1.1.1	Disseminate "What To Do When Your Child Gets Sick" through MCH local agencies to improve health literacy of parents.	7/1/2011	Jamie Klenklen
1.1.2	Develop and disseminate additional materials that educate parents about medical home and how to navigate the health care system.	7/1/2012	Brenda Nickel
1.1.3	Provision of information and education to public health and health care providers through articles in newsletters and other publications.	7/1/2011	Brenda Nickel
1.2	Enlist the assistance of community partners to increase Medicaid/HealthWave enrollment for eligible children		Brenda Nickel
1.2.1	Establish a schedule of regular meetings with Medicaid staff to define how the MCH public health system can assure community outreach and enrollment of eligible children.	7/11/2010	Brenda Nickel
1.2.2	Enlist the assistance of school nurses to outreach and enroll eligible school children through education at school nurse conferences.	Annual through July 2015	Brenda Nickel
1.2.3	Enlist the assistance of day care providers to outreach and enroll eligible children through MCH local agencies' grant/contract requirements.	Annual through July 2015	Jamie Klenklen
1.2.4	Enlist the assistance of faith-based and other community organizations to identify and refer for enrollment eligible children - through MCH local agencies grant/contract requirements.	Annual through July 2015	Jamie Klenklen

	Activities/Action Steps	Completion Date for Activity	Responsible Party
1.3	Assure the local health departments have community/regional health services and information available to the public including medical, mental health and dental health		Jamie Klenklen
1.3.1	Assure that local MCH agencies comply with MCH guidelines for referral resources to medical, mental health and dental services for children.	7/1/2011	Jamie Klenklen
1.3.2	Publicize availability of on-line directory of children's mental health services (ABCD+) focusing on schools, public health, day care, and private health care providers.	7/1/2012	Ileen Meyer

PRIORITY OBJECTIVE #2: Reduce child and adolescent risk behaviors relating to alcohol, tobacco and other drugs.

Indicator(s) for Priority Objective #2

SPM #6 Percent of students who had at least one drink of alcohol on at least 1 day during the 30 days before the survey - Youth Risk Behavior Survey (YRBS)

	Activities/Action Steps	Completion Date for Activity	Responsible Party
2.1	Develop a statewide strategic plan for adolescent health		
2.1.1	Develop a State Plan for Adolescent Health including recommended action steps tied to evidence-informed practices and evaluation strategies; identify and convene stakeholders; enlist technical assistance from CDC-DASH; search and apply for grant funding to support and sustain strategic plan.	7/1/2014	Jane Stueve

PRIORITY OBJECTIVE #3: All children and youth achieve and maintain healthy weight.

Indicator(s) for Priority Objective #3

SPM #7 Percent of children who are overweight - PedNSS

	Activities/Action Steps	Completion Date for Activity	Responsible Party
3.1	Provider education on AAP healthy weight guidelines		
3.1.1	Assure education for MCH grantees and private providers on AAP's Healthy Habits accessible free through KS-TRAIN.	7/1/2011	Brenda Nickel, Jamie Klenklen
3.2	Conduct a social marketing campaign about healthy weight for young Kansas children		
3.2.1	Conduct a social marketing campaign about healthy weight for young Kansas children.	7/1/2012	Brenda Nickel

Children & Youth with Special Health Care Needs Logic Model

VISION - Healthy Children in Healthy Families

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

GOAL STATEMENT: To enhance the health of all children and youth with special health care needs across the lifespan.

PRIORITY OBJECTIVE #1: All CYSHCN receive coordinated, comprehensive care within a medical home.

Planned Activities/Action Steps		Outputs	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
1.1 Strategy: Essential MCH Service (select from list):		Inform, educate, and involve families and providers about medical home components and initiatives to promote effective and successful systems change.			
		3. Inform/educate the public/families about MCH issues			
1.1.1	Identify and assess available information, including best practices, programs in other states, national medical home initiatives, etc.	Medical home definition and supporting information disseminated through CYSHCN and partner publications	Providers and families are aware of statutory definition of medical home and have changed attitude toward medical home, giving it increased value	Statutory definition of medical home adopted and utilized by providers and families.	All CYSHCN receive coordinated, comprehensive care within a medical home.
1.1.2	CYSHCN program promotes the adoption of a medical home through education and self-advocacy training.	Provide trainings to educate families and providers regarding the medical home concepts and how to build a medical home.	Families and providers are empowered with changed attitudes and increased knowledge about the medical home concept.		
1.1.3		Provide workshops to practice self-advocacy and share information with peers on the positive impact of medical home concept for both families and providers.	Stakeholder and partners are empowered and invested, promoting actions, including policy and practice changes related to increased care within a medical home.	Behaviors, practices, and policies facilitate/reflect all CYSHCN receiving care within a medical home.	
1.2 Strategy: Essential MCH Service (select from list):		Mobilize community partnerships (between policy makers, health care providers, families, and the public) by coordinating services for eligible CYSHCN and linking children and families to providers and community services/resources.			
		4. Mobilize community partnerships to solve MCH issues			
1.2.1	Sponsor and coordinate conferences, meetings, and other networking opportunities	(1) Multi-state collaborative conference on medical home (2) Serve on stakeholder groups (3) Coordination/facilitation of Advisory Councils (4) Support of multidisciplinary, special needs clinics (5) Sponsorship of learning collaboratives MADIN utilized to help improve linkages and collaboration	Stakeholder and partners are empowered and invested, promoting actions, including policy and practice changes related to increased care within a medical home.	Behaviors, practices, and policies facilitate/reflect all CYSHCN receiving care within a medical home. Increased coordination and improved, comprehensive care provided within medical home.	All CYSHCN receive coordinated, comprehensive care within a medical home.

PRIORITY OBJECTIVE #2: Improve the capacity of YSHCN to achieve maximum potential in all aspects of adult life, including appropriate health care, meaningful work, and self-determined independence.

Planned Activities/Action Steps		Outputs	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
2.1		Strategy: Enhance community partnerships by identifying community resources, integrating service delivery systems, and streamlining the transition process for children and youth.			
Essential MCH Service (select from list):		4. Mobilize community partnerships to solve MCH issues			
2.1.1	Identify available local, regional, state, and national resources.	(1) Develop and disseminate a regional and state-wide resource tool kit and navigational guide. Provide maintenance and updates as necessary. (2) MADIN utilized to help improve linkages and collaboration with regard to transition services.	Families, youth, and service providers are empowered with increased knowledge and changed attitudes about available transition services and how to access these services.	The service delivery systems in Kansas are integrated, reducing fragmented care and are easily accessible by CYSHCN and their families.	Improved capacity of YSHCN to achieve maximum potential in all aspects of adult life, including appropriate health care, meaningful work, and self-determined independence.
2.1.2	Participate in and sponsor conferences, meetings, and other networking opportunities related to the transition process.	(1) Coordinate multi-state collaborative conference on health care transition. (2) Serve on stakeholder groups (3) Expand program advisory councils as appropriate to promote further integration and collaboration. (4) Participate and support other transition-related events and activities.	Stakeholders play an active role in sharing and disseminating information regarding resources to other organizations, families, and youth.	Increased number of CYSHCN receive services necessary for transitions.	

2.2		Strategy: Inform and educate children, youth, and families about available transition services and where/how to access these services.			
Essential MCH Service (select from list):		7. Link women & children with services and assure quality systems of care			
2.2.1	Identify available local, regional, state, and national resources.	<p>(1) Develop and disseminate a regional and state-wide resource tool kit and navigational guide. Provide maintenance and updates as necessary.</p> <p>(2) MADIN utilized to help improve linkages and collaboration with regard to transition services.</p>	Youth and families have a positive outlook on reaching their full potential and are aware of transition resources and supports.		
2.2.2	Promote successful transition through educational opportunities and self-advocacy training.	<p>(1) Recruit and maintain a Youth Advisory Council and provide opportunities to enhance leadership and self-advocacy skills.</p> <p>(2) Provide learning opportunities for families, youth, and partners on all aspects of transition.</p> <p>(3) Promote self-determination in transition planning through the use of a curriculum or planning instrument.</p>	Youth and families are engaged and active participants on advisory councils and state initiatives.	Families utilize available resources and supports to enhance their child(ren)'s transition process so they can reach their full potential as adults.	Improved capacity of YSHCN to achieve maximum potential in all aspects of adult life, including appropriate health care, meaningful work, and self-determined independence.
2.2.3	Identify, assess, and disseminate information and materials from local, regional, state, and national transition initiatives.	<p>(1) Transition initiatives and supporting information disseminated through CYSHCN and partner publications.</p> <p>(2) Develop or adopt transition materials to disseminate to providers, families, and partners.</p>	Youth and families are empowered with increased knowledge on accessing and utilizing services to enhance the transition process.	Increased number of CYSHCN receive services necessary for transitions.	

PRIORITY OBJECTIVE #3: Financing for CYSHCN services minimizes financial hardship for their families.

Planned Activities/Action Steps		Outputs	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
3.1		Strategy: Link families to providers who are contracted with or referred by the CYSHCN program and accept negotiated reimbursement rates.			
Essential MCH Service (select from list):		7. Link women & children with services and assure quality systems of care			
3.1.1	Monitor, assess, and evaluate federal and state policies as they relate to health coverage and services.	(1) Information and updates are disseminated on websites, in newsletters, and other publications. (2) Regular updates are provided at internal and community meetings identifying anticipated impact on coverage and services. (3) Workshop(s), training(s), and materials are offered informing partners in how to advocate and change policy. (4) Kansas services and coverage's are benchmarked in relation to other states and peer groups.	Stakeholder and partners are informed, empowered, and invested, promoting actions - including policy and practice changes, when necessary - resulting in maximized services to families and reimbursements to providers.	CYSHCN policies are aligned with federal policies/mandates to maximize services to families and reimbursements to providers.	Financial hardship is minimized for families with CYSHCN.
3.1.2	Provider outreach and education	(1) See 3.1.1 outputs above, as applicable (2) CYSHCN program collects and provides Kansas-specific information on barriers and challenges to state and national professional and stakeholder organizations. (3) The impact of national and state professional organization recommendations on Kansas is assessed; appropriate information is disseminated to providers.	See 3.1.1 outcomes above, as applicable Increased provider pool that accepts CYSHCN-defined target rate(s) of reimbursement.		
3.1.3	Staff and Consumer education	See 3.1.1 outputs	See 3.1.1 outcomes		
3.1.4	Educate and mobilize Families Together, Family Advisory Council, and other partners and stakeholder groups.	See 3.1.1 outputs	See 3.1.1 outcomes		

3.2		Strategy: Ensure CYSHCN Clinic/Field staff assist families in applying for and maximizing benefit of funding sources and family supports.			
Essential MCH Service (select from list):		9. Evaluate effectiveness, accessibility, quality			
3.2.1	Staff education	(1) Regular updates are provided at internal meetings identifying anticipated impact of health reform on coverage and services. (2) Staff monitors listservs, KS-Train, national resources to stay current. (3) Staff receives training and information on cultural competency/preferences.	(1 & 2) Staff shares relevant information with families and youth. (3) Staff incorporates cultural competency/preferences when assisting families in applying for funding sources.	Families utilize resources and family supports to minimize financial hardships.	Financial hardship is minimized for families with CYSHCN.
3.2.2	Identify, assess, and monitor resources at the state and local level.	Regular, ongoing communication regarding resources takes place among staff.	Staff and community partners engaged in assisting families in identifying and applying for possible funding sources and family supports.		
3.3		Strategy: Support expansion of primary and specialty care services to minimize travel time and missed work/school days.			
Essential MCH Service (select from list):		5. Leadership in setting priorities, planning and policy development			
3.3.1	Needs assessment of primary and specialty care services, current utilization, and gaps to service delivery	(1) Explore service expansion options, including alternative and innovative solutions (2) Regional specialty clinic implementation plan developed	Specialty care services are accessible and integrated within a regional service delivery area.	Primary and specialty providers coordinate services and information for expedited care and minimal family hardship.	Financial hardship is minimized for families with CYSHCN.

Children & Youth with Special Health Care Needs Work Plan

VISION - Healthy Children in Healthy Families

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

GOAL STATEMENT: To enhance the health of all children and youth with special health care needs across the

PRIORITY OBJECTIVE #1: All CYSHCN receive coordinated, comprehensive care within a medical home.

Indicator(s) for Priority Objective #1

	B. Percentage of CYSHCN who receive care in medical home		
SPM #8	Percent of CYSHCN who receive care in a medical home as defined by the American Academy of Pediatrics (AAP) - NSCH		

Indicator selected during small group work

	<i>Activities/Action Steps</i>	<i>Completion Date for Activity</i>	<i>Responsible Party</i>
1.1	<i>Inform, educate, and involve families and providers about medical home components and initiatives to promote effective and successful systems change.</i>		Mary Ann Bechtold
1.1.1	Identify and assess available information, including best practices, programs in other states, national medical home initiatives, etc.		
OUTPUT	<i>Medical home definition and supporting information disseminated through CYSHCN and partner publications</i>	(a) Current and ongoing: Monitor what is being presented by national, state, and local partners. (b) Current and ongoing. Strengthen relationships with partners and listen to their concerns and activity focus to integrate resources (c) Develop/disseminate articles about medical home for internal publications (e.g., CYSHCN magazine, column to newsletter), starting Summer 2010.	

	Activities/Action Steps	Completion Date for Activity	Responsible Party
1.1.2	CYSHCN program promotes the adoption of a medical home through education and self-advocacy training.		
1.1.3			
OUTPUT	<p>(1) Provide trainings to educate families and providers regarding the medical home concepts and how to build a medical home.</p> <p>(2) Provide workshops to practice self-advocacy and share information with peers on the positive impact of medical home concept for both families and providers.</p>	<p>(0) Engage families and partners in identifying training and workshop content during Fall 2010 (base development) and ongoing (updates to curriculum).</p> <p>(1)(a) Develop training curriculum by March 2011. (1)(b) Pilot training by June 2011. (1)(c) Finalize training curriculum and begin broad delivery by September 2011.</p> <p>(2)(a) Develop workshop curriculum by March 2012. (2)(b) Partner with stakeholders to implement workshops by September 2012.</p>	
1.2	Mobilize community partnerships (between policy makers, health care providers, families, and the public) by coordinating services for eligible CYSHCN and linking children and families to providers and community services/resources.		Mary Ann Bechtold
1.2.1	Sponsor and coordinate conferences, meetings, and other networking opportunities		
OUTPUT	<p>(1) Multi-state collaborative conference on medical home</p> <p>(2) Serve on stakeholder groups</p> <p>(3) Coordination/facilitation of Advisory Councils</p> <p>(4) Support of multidisciplinary, special needs clinics</p> <p>(5) MADIN utilized to help improve linkages and collaboration</p>	<p>(1a) Serve on planning work group, April 2010. (1b) Co-host transition and medical home collaborative, Summer 2011. (1c) Evaluate and assess the benefit of the collaborative, Fall 2011. (1d) Determine, as a work group, if future collaboratives would be beneficial and how frequent they should occur, upon analysis of collaborative (Fall 2011)</p> <p>(2) Current and ongoing</p> <p>(3) Current and ongoing</p> <p>(4) Current and ongoing</p> <p>(5) Current and ongoing</p>	

PRIORITY #2: Improve the capacity of YSHCN to achieve maximum potential in all aspects of adult life, including appropriate health care, meaningful work, and self-determined independence.

Indicator(s) for Priority Objective #2

C.	Percentage YSHCN receive all anticipatory guidance for transition to adult health care	Other indicators selected during small group work
P.	Percentage of CYSHCN physician who always or usually report that the treatment plan addresses youth development in assuming personal care/management and transition planning to adult medical providers?	
SPM #9	YSHCN whose doctors usually or always encourage development of age appropriate self management skills - National CSHCN survey	

	<i>Activities/Action Steps</i>	<i>Completion Date for Activity</i>	<i>Responsible Party</i>
2.1	Enhance community partnerships by identifying community resources, integrating service delivery systems, and streamlining the transition process for children and youth.		Heather Moore
2.1.1	Identify available local, regional, state, and national resources.		
OUTPUT	<p>(1) Develop and disseminate a regional and state-wide resource tool kit and navigational guide. Provide maintenance and updates as necessary.</p> <p>(2) MADIN utilized to help improve linkages and collaboration with regard to transition services.</p>	<p>(1) Current and ongoing: Monitor what is being presented by national, state, and local partners. (1a) Begin development of resource guide by July 2010. Monitor resources and update guide as necessary, ongoing. (1b) Disseminate resource guide by March 2011. (1c) Begin development of navigational tool to accompany guide by April 2011. (1d) Disseminated navigational tool by December 2011. Continuous and Ongoing: Work with community service providers and state agencies to develop, maintain, and disseminate both tools.</p> <p>(2) Current and Ongoing: Promote MADIN through local and state conferences and exhibit booths to increase awareness of resource and provide additional services to families. (2a) Work with MADIN to identify the best dissemination method and to gain knowledge of additional resources to include in the resources guide, beginning July 2010. (2b) Put resource guide and navigational tool kit on MADIN upon completion of products. (2c) Explore the possibility of expanding MADIN to make the resource guide an on-line, interactive tool. March 2012.</p>	

	Activities/Action Steps	Completion Date for Activity	Responsible Party
2.1.2	Participate in and sponsor conferences, meetings, and other networking opportunities related to the transition process.		
OUTPUT	<p>(1) <i>Coordinate multi-state collaborative conference on health care transition.</i></p> <p>(2) <i>Serve on stakeholder groups</i></p> <p>(3) <i>Expand program advisory councils as appropriate to promote further integration and collaboration.</i></p> <p>(4) <i>Participate and support other transition-related events and activities.</i></p>	<p>(1a) Serve on planning work group, April 2010. (1b) Co-host transition and medical home collaborative, Summer 2011. (1c) Evaluate and assess the benefit of the collaborative, Fall 2011. (1d) Determine, as a work group, if future collaboratives would be beneficial and how frequent they should occur, upon analysis of collaborative (Fall 2011)</p> <p>(2) Current and ongoing</p> <p>(3) Current and ongoing</p> <p>(4) Current and ongoing</p>	
2.2	<i>Inform and educate children, youth, and families about available transition services and where/how to access these services.</i>		Heather Moore
2.2.1	Identify available local, regional, state, and national resources.		
OUTPUT	<p>(1) <i>Develop and disseminate a regional and state-wide resource tool kit and navigational guide. Provide maintenance and updates as necessary.</i></p> <p>(2) <i>MADIN utilized to help improve linkages and collaboration with regard to transition services.</i></p>	See Activity 2.1.1 Activity Timeline	

	Activities/Action Steps	Completion Date for Activity	Responsible Party
2.2.2	Promote successful transition through educational opportunities and self-advocacy training.		
OUTPUT	<p><i>(1) Recruit and maintain a Youth Advisory Council and provide opportunities to enhance leadership and self-advocacy skills.</i></p> <p><i>(2) Provide learning opportunities for families, youth, and partners on all aspects of transition.</i></p> <p><i>(3) Promote self-determination in transition planning through the use of a curriculum or planning instrument.</i></p>	<p>(1a) Develop YAC recruitment materials by May 2010. Recruitment begins May 2010 and ongoing.</p> <p>(1b) Host quarterly activities/meetings for council members and provide leadership and self-advocacy training, beginning August 2010 and ongoing.</p> <p>(2) Work with community partners to host, sponsor, or conduct trainings on the importance of health in transition, beginning July 2010 and ongoing.</p> <p>Through a partnership with KUCDD:</p> <p>(3a) develop curriculum (by July 2010),</p> <p>(3b) pilot curriculum in high schools (August 2010 - May 2011),</p> <p>(3c) evaluate (May - July 2011),</p> <p>(3d) disseminate to wider audience (August 2011 and ongoing).</p>	
2.2.3	Identify, assess, and disseminate informatino and materials from local, regional, state, and national transition initiatives.		
OUTPUT	<p><i>(1) Transition initiatives and supporting information disseminated through CYSHCN and partner publications.</i></p> <p><i>(2) Develop transition materials, as needed, to disseminate to providers, families, and partners.</i></p>	<p>(1) Develop/disseminate articles about medical home for internal publications (e.g., CYSHCN magazine, column to newsletter), starting Summer 2010.</p> <p>(2) Develop/disseminate template articles and information for distribution through partner publications by June 2011.</p>	

PRIORITY OBJECTIVE #3: Financing for CYSHCN services minimizes financial hardship for their families.

Indicator(s) for Priority Objective #3

- A. Percentage CYSHCN whose families pay \$1,000 or more out-of-pocket
- C. Percentage CYSHCN whose families spend 11 or more hours a week providing health care
- E. Percentage CSHCN (0-5 years) Parents who report at least one child care or employment issues
- H. Percentage CSHCN (6-11 years) who spends some time alone
- K. Percentage CYSHCN parents whose out-of-pocket expenses are never or sometimes reasonable

Other indicators selected during small group work

SPM #10

Percent of CSHCN families that experience financial problems due to the child's health needs - National CSHCN Survey

	Activities/Action Steps	Completion Date for Activity	Responsible Party
3.1	Link families to providers who are contracted with or referred by the CYSHCN program and accept negotiated reimbursement rates.		Marc Shiff
3.1.1	Monitor, assess, and evaluate federal and state policies as they relate to health coverage and services.	(1) Regular updates: as available and ongoing	
OUTPUTS	<p>(1) Information and updates are disseminated on websites, in newsletters, and other publications.</p> <p>(2) Regular updates are provided at internal and community meetings identifying anticipated impact on coverage and services.</p> <p>(3) Workshop(s), training(s), and materials are offered informing partners in how to advocate and change policy.</p> <p>(4) Kansas services and coverage's are benchmarked in relation to other states and peer groups.</p>	<p>(1) Info & updates: First product by Dec 2011 and ongoing</p> <p>(2) Regular updates: As available and ongoing</p> <p>(3) Trainings and workshops: Beginning year 3 (2013)</p> <p>(4) By July, 2011 and ongoing</p>	

	Activities/Action Steps	Completion Date for Activity	Responsible Party
3.1.2	Provider outreach and education	(1) Regular updates: as available and ongoing	
OUTPUTS	<p>(1) See 3.1.1 outputs above, as applicable</p> <p>(2) CYSHCN program collects and provides Kansas-specific information on barriers and challenges to state and national professional and stakeholder organizations.</p> <p>(3) The impact of national and state professional organization recommendations on Kansas is assessed; appropriate information is disseminated to providers.</p>	<p>(1) See dates on 3.1.1, as applicable</p> <p>(2) Develop and Distribute Survey by July 2011 Collect by Dec 2011 Finalized report available by July 2012 Provide results and distribute - start July 2012 and ongoing Utilize in trainings/workshops - 2013 Ongoing informal communication with providers and state/national organizations, as appropriate</p> <p>(3) Monitor, and assess key recommendations within 4 months after release and disseminate information to providers, as appropriate</p>	
3.1.3	Staff and Consumer education	(1) Regular updates: as available and ongoing	
OUTPUTS	See 3.1.1 Outputs		
3.1.4	Educate and mobilize Families Together, Family Advisory Council, and other partners and stakeholder groups.	(1) Regular updates: as available and ongoing	
OUTPUTS	See 3.1.1 Outputs		

	Activities/Action Steps	Completion Date for Activity	Responsible Party
3.2	Ensure CYSHCN Clinic/Field staff assist families in applying for and maximizing benefit of funding sources and family supports.		Marc Shiff
3.2.1	Staff education		
OUTPUTS	<p>(1) Regular updates are provided at internal meetings identifying anticipated impact of health reform on coverage and services.</p> <p>(2) Staff monitors listservs, KS-Train, national resources to stay current.</p> <p>(3) Staff receives training and information on cultural competency/preferences.</p>	(1 - 3) Regular updates: as available and ongoing (2)	
3.2.2	Identify, assess, and monitor resources at the state and local level.	(1) Regular updates: ongoing resource assessment and monitoring	
OUTPUTS	Regular, ongoing communication regarding resources takes place among staff.	(1) Regular updates: Staff communication and updates occur monthly	
3.3	Support expansion of primary and specialty care services to minimize travel time and missed work/school days.		Marc Shiff
3.3.1	Needs assessment of primary and specialty care services, current utilization, and gaps to service delivery	(1) An assessment of primary and specialty care services and utilization by January 2011	
OUTPUTS	<p>(1) Explore service expansion options, including alternative and innovative solutions</p> <p>(2) Regional specialty clinic implementation plan developed</p>	<p>(1) Service expansion options developed by July 2011</p> <p>(2) Specialty clinic implementation plan developed by February 2012</p>	