

# Children & Adolescents Workgroup



## Logic Model Instructions:

*Note: Remember to consider stakeholder input from meetings one and two when finalizing Strategies and Action Steps.*

(1) Strategies: To be completed by Section Directors.

(a) For each priority, enter strategies in bright yellow cells. List up to 3 strategies for each priority. Strategies will stay the same over the next five years.

(b) Select corresponding Essential MCH Service from drop down list in pale blue cell.

(2) Logic Model Table for each strategy: To be completed by Staff at the March 26th meeting.

*Note: As you are developing action steps and listing outputs, keep in mind the end goal, the long term outcome.*

(a) For each strategy, enter action steps in pale orange cells. List up to 3 activities/action steps per strategy. Activities / action steps may change over the five years.

(b) Enter outputs, short term outcomes, intermediate outcomes and long term outcomes for each strategy. You do not necessarily need to have these for each action step; they may correspond to multiple (or all) action steps under a strategy.

## Workplan Instructions:

(1) Enter the priority indicators in the lavender cells. Select 1-3 indicators for each priority.

(2) Light gray dotted cells (like those at the left), with Activities/Action Steps and Strategies will fill in automatically from the Logic Model spreadsheets.

(3) Fill in Responsible Party (light green cell) for each Strategy, if desired.

(4) Enter the expected Completion Date or timeline for each activity.

(5) Enter the Responsible Party for each activity, if not entered at Strategy level or different than Strategy Responsible Party.

## 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 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
<b>Strategy 1.1:</b> Enter Strategy, Essential MCH Service, and Planned Activities below.				
<b>1.1</b> <b>Strategy:</b> Enlist the assistance of community partners to increase Medicaid/HealthWave enrollment for eligible children.				
<b>Essential MCH Service (select from list):</b> 4. Mobilize community partnerships to solve MCH issues				
1.1.1				
1.1.2				
1.1.3				
1.1.4				
<b>Strategy 1.2:</b> Enter Strategy, Essential MCH Service, and Planned Activities below.				
<b>1.2</b> <b>Strategy:</b> Educate parents on medical home concept and navigation of health system for health care services.				
<b>Essential MCH Service (select from list):</b> 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
<b>Strategy 1.3:</b> Enter Strategy, Essential MCH Service, and Planned Activities below.					
1.3	<b>Strategy:</b> Assure that local health departments have community / regional health services and information available to the public including medical, mental health, and dental health.				
	<b>Essential MCH Service (select from list):</b> 7. Link women & children with services and assure quality systems of care				
1.3.1					
1.3.2					
1.3.3					
1.3.4					

**PRIORITY OBJECTIVE #2:** Mobilize community partners and stakeholders to reduce risky behavior among children and youth ages 1-21.

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
<b>Strategy 2.1:</b> Enter Strategy, Essential MCH Service, and Planned Activities below.					
2.1	<b>Strategy:</b> Identify geographical areas of risky behavior to target interventions.				
	<b>Essential MCH Service (select from list):</b> 1. Assess/monitor health status of women and children to ID/address problems				
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
<b>Strategy 2.2:</b> Enter Strategy, Essential MCH Service, and Planned Activities below.				
<b>2.2</b> Strategy: <b>Coordinate efforts within the state to address risky behavior.</b>				
Essential MCH Service (select from list): <b>4. Mobilize community partnerships to solve MCH issues</b>				
2.2.1				
2.2.2				
2.2.3				
2.2.4				
<b>Strategy 2.3:</b> Enter Strategy, Essential MCH Service, and Planned Activities below.				
<b>2.3</b> Strategy: <b>Promote use of comprehensive health education provided by public and private organizations serving children and youth.</b>				
Essential MCH Service (select from list): <b>4. Mobilize community partnerships to solve MCH issues</b>				
2.3.1				
2.3.2				
2.3.3				
2.3.4				

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
<b>Strategy 2.4:</b> Enter Strategy, Essential MCH Service, and Planned Activities below.					
2.4	<b>Strategy:</b> Educate and inform all state level agencies serving families about programs and initiatives to reduce risky behavior in children and youth.				
	<b>Essential MCH Service (select from list):</b> 5. Leadership in setting priorities, planning and policy development				
2.4.1					
2.4.2					
2.4.3					
2.4.4					

**PRIORITY OBJECTIVE #3: All children and youth achieve and maintain healthy weight.**

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
<b>Strategy 3.1:</b> Enter Strategy, Essential MCH Service, and Planned Activities below.					
3.1	<b>Strategy:</b> Promote standardization of health provider practice to include at a minimum, an annual BMI assessment on all Kansas children ages 2 – 18.				
	<b>Essential MCH Service (select from list):</b> 1. Assess/monitor health status of women and children to ID/address problems				
3.1.1					
3.1.2					
3.1.3					
3.1.4					

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
<b>Strategy 3.2:</b> Enter Strategy, Essential MCH Service, and Planned Activities below.				
<b>3.2</b> Strategy: Identify and implement strategies to address childhood obesity.				
Essential MCH Service (select from list): 5. Leadership in setting priorities, planning and policy development				
3.2.1				
3.2.2				
3.2.3				
3.2.4				
<b>Strategy 3.3:</b> Enter Strategy, Essential MCH Service, and Planned Activities below.				
<b>3.3</b> Strategy: Assure that local health departments have training on best practices in the identification, treatment and prevention of obesity.				
Essential MCH Service (select from list): 8. Assure work force capacity and competency				
3.3.1				
3.3.2				
3.3.3				
3.3.4				

# Children & Adolescents Workplan

**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**

Medical Home<sup>1</sup>

- A. Percentage of children who receive care in medical home as defined by AAP
- B. Percentage of children aged 2-17 with problems requiring counseling who received mental health care
- C. Percentage of children who receive BOTH routine preventive medical and dental care visits
- D. Percentage of children who had at least one unmet medical need
- E. Percentage of children in excellent or good health
- F. Percentage of children with excellent or very good oral health
- G. Percentage of children aged 1-17 who at least one oral health problem in past 6 months

	Activities/Action Steps	Completion Date for Activity	Responsible Party
1	Enlist the assistance of community partners to increase Medicaid/HealthWave enrollment for eligible children.		

	<b>Activities/Action Steps</b>	<b>Completion Date for Activity</b>	<b>Responsible Party</b>
1.2	<i>Educate parents on medical home concept and navigation of health system for health care services.</i>		
1.3	<i>Assure that local health departments have community / regional health services and information available to the public including medical, mental health, and dental health.</i>		



**PRIORITY #2: Mobilize community partners and stakeholders to reduce risky behavior among children and youth ages 1-21.**

**Indicator(s) for Priority Objective #2**

Tobacco use<sup>2</sup>

- A. Percentage of students had smoked cigarettes on at least 1 day during the 30 days before the survey
- B. Percentage of students had used smokeless tobacco (e.g., chewing tobacco, snuff, or dip) on at least 1 day during the 30 days before the survey
- C. Percentage of students had smoked a whole cigarette for the first time before age 13 years
- D. Percentage of students had smoked cigarettes on school property on at least 1 day during the 30 days before the survey

Alcohol and other drug use<sup>2</sup>

- A. Percentage of students had had at least one drink of alcohol on at least 1 day during their life and 44.7% of students had had at least one drink of alcohol on at least 1 day during the 30 days before the survey
- B. Percentage of students had drunk alcohol (other than a few sips) for the first time before age 13 years
- C. Percentage of students had had five or more drinks of alcohol in a row (i.e., within a couple of hours) on at least 1 day during the 30 days before the survey
- D. Percentage of students had used marijuana one or more times during their life
- E. Percentage of students had used marijuana one or more times during the 30 days before the survey
- F. Percentage of students had tried marijuana for the first time before age 13 years
- G. Percentage of students had used any form of cocaine (e.g., powder, crack, or freebase ) one or more times during the 30 days before the survey
- H. Percentage of students had 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

	<b>Activities/Action Steps</b>	<b>Completion Date for Activity</b>	<b>Responsible Party</b>
2.1	Identify geographical areas of risky behavior to target interventions.		
2.2	Coordinate efforts within the state to address risky behavior.		

	<b>Activities/Action Steps</b>	<b>Completion Date for Activity</b>	<b>Responsible Party</b>
2.3	<i>Promote use of comprehensive health education provided by public and private organizations serving children and youth.</i>		
2.4	<i>Educate and inform all state level agencies serving families about programs and initiatives to reduce risky behavior in children and youth.</i>		

**PRIORITY #3: All children and youth achieve and maintain healthy weight.**

**Indicator(s) for Priority Objective #3**

Physical Inactivity<sup>2</sup>

- A. Percentage of students met recommended levels of physical activity by being physically active doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time for a total of at least 60 minutes per day on 5 or more days during the 7 days before the survey
- B. Percentage of students went to physical education (PE) classes on 1 or more days in an average week when they were in school and 30.3% of students went to PE classes 5 days in an average week when they were in school
- C. Percentage of students played video or computer games or used a computer for something that was not school work for 3 or more hours per day on an average school day
- D. Percentage of students watched television 3 or more hours per day on an average school day

Obesity and Dietary Behaviors<sup>2</sup>

- A. Percentage of students were obese
- B. Percentage of students were overweight
- C. Percentage of students had eaten fruits and vegetables five or more times per day during the 7 days before the survey
- D. Percentage of students had drunk a can, bottle, or glass of soda or pop (not including diet soda or diet pop) at least one time per day during the 7 days before the survey
- E. Percentage of students did not eat for 24 or more hours; took diet pills, powders, or liquids; or vomited or took laxatives to lose weight or to keep from gaining weight during the 30 days before the survey

Kansas WIC Children<sup>3</sup>

- A. Percentage of obesity in children aged <5 years
- B. Percentage of overweight in children aged <5 years
- C. Percentage of obesity in children aged 2 to <5 years
- D. Percentage of overweight in children aged 2 to <5 years
- E. Percentage of children aged 2 to <5 years viewed 2 hours of less of television per day.

	<b>Activities/Action Steps</b>	<b>Completion Date for Activity</b>	<b>Responsible Party</b>
3.1	<i>Promote standardization of health provider practice to include at a minimum, an annual BMI assessment on all Kansas children ages 2 – 18.</i>		
3.2	<i>Identify and implement strategies to address childhood obesity.</i>		

	<b>Activities/Action Steps</b>	<b>Completion Date for Activity</b>	<b>Responsible Party</b>
3.3	Assure that local health departments have training on best practices in the identification, treatment and prevention of obesity.		

<sup>1</sup> HRSA Nation Survey of Child Health

<sup>2</sup> Data Source: YRBSS - The YRBSS is conducted every two years during the spring semester and provides data representative of 9th through 12th grade students in public and private schools.

<sup>3</sup> Data Source: PedNSS

## Children & Adolescents Indicators

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

	Indicators	KS Measure	Year	Data Source
Medical Home	% of children who receive care in medical home as defined by AAP	61.3	2007	HRSA. Nation Survey of Child Health
	% of children aged 2-17 with problems requiring counseling who received mental health care	72.3	2007	HRSA. Nation Survey of Child Health
	% of children who receive BOTH routine preventive medical and dental care visits?	73.9	2007	HRSA. Nation Survey of Child Health
	% of children who had at least one unmet medical need	5.7	2007	HRSA. Nation Survey of Child Health
	% of children in excellent or good health	85.3	2007	HRSA. Nation Survey of Child Health
	% of children with excellent or very good oral health	71.3	2007	HRSA. Nation Survey of Child Health
	% of children aged 1-17 who at least one oral health problem in past 6 months	23.7	2007	HRSA. Nation Survey of Child Health

**Priority #2: *Mobilize community partners and stakeholders to reduce risky behavior among children and youth ages 1-21.***

	Indicators	Data Source
Tobacco use	Percentage of students had smoked cigarettes on at least 1 day during the 30 days before the survey	YRBSS*
	Percentage of students had used smokeless tobacco (e.g., chewing tobacco, snuff, or dip) on at least 1 day during the 30 days before the survey	YRBSS
	Percentage of students had smoked a whole cigarette for the first time before age 13 years	YRBSS
	Percentage of students had smoked cigarettes on school property on at least 1 day during the 30 days before the survey	YRBSS

\* YRBSS is conducted every two years during the spring semester and provides data representative of 9<sup>th</sup> through 12<sup>th</sup> grade students in public and private schools.

	Indicators	Data source
Alcohol and other drug use	Percentage of students had had at least one drink of alcohol on at least 1 day during their life and 44.7% of students had had at least one drink of alcohol on at least 1 day during the 30 days before the survey	YRBSS
	Percentage of students had drunk alcohol (other than a few sips) for the first time before age 13 years	YRBSS
	Percentage of students had had five or more drinks of alcohol in a row (i.e., within a couple of hours) on at least 1 day during the 30 days before the survey	YRBSS
	Percentage of students had used marijuana one or more times during their life	YRBSS
	Percentage of students had used marijuana one or more times during the 30 days before the survey	YRBSS
	Percentage of students had tried marijuana for the first time before age 13 years	YRBSS
	Percentage of students had used any form of cocaine (e.g., powder, crack, or freebase ) one or more times during the 30 days before the survey	YRBSS
	Percentage of students had sniffed glue, breathed the contents of aerosol spr ay cans, or inhaled any paints or sprays to get high one or more times during their life	YRBSS

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

	Indicators	Data source
Physical Inactivity	Percentage of students met recommended levels of physical activity by being physically active doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time for a total of at least 60 minutes per day on 5 or more days during the 7 days before the survey	YRBSS
	Percentage of students went to physical education (PE) classes on 1 or more days in an average week when they were in school and 30.3% of students went to PE classes 5 days in an average week when they were in school	YRBSS
	Percentage of students played video or computer games or used a computer for something that was not school work for 3 or more hours per day on an average school day	YRBSS
	Percentage of students watched television 3 or more hours per day on an average school day	YRBSS



	<b>Indicators</b>	<b>Data source</b>
Obesity and Dietary Behaviors	Percentage of students were obese	YRBSS
	Percentage of students were overweight	YRBSS
	Percentage of students had eaten fruits and vegetables five or more times per day during the 7 days before the survey	YRBSS
	Percentage of students had drunk a can, bottle, or glass of soda or pop (not including diet soda or diet pop) at least one time per day during the 7 days before the survey	YRBSS
	Percentage of students did not eat for 24 or more hours; took diet pills, powders, or liquids; or vomited or took laxatives to lose weight or to keep from gaining weight during the 30 days before the survey	YRBSS

	<b>Indicators</b>	<b>Data source</b>
Kansas WIC Children	Percentage of obesity in children aged <5 years	PedNSS
	Percentage of overweight in children aged <5 years	PedNSS
	Percentage of obesity in children aged 2 to <5 years	PedNSS
	Percentage of overweight in children aged 2 to <5 years	PedNSS
	Percentage of children aged 2 to <5 years viewed 2 hours or less of television per day.	PedNSS