

# Mothers & Infants 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 Part for each activity, if not entered at Strategy level or different than Strategy Responsible Party.

## Mothers & 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 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> <i>Enter Strategy, Essential MCH Service, and Planned Activities below.</i>					
1.1		<b>Strategy:</b> <i>Educate women and their male partners to understand and participate in reproductive health decisions that lead to a healthy pregnancy.</i>			
Essential MCH Service (select from list):		3. Inform/educate the public/families about MCH issues			
1.1.1					
1.1.2					
1.1.3					
1.1.4					
<b>Strategy 1.2:</b> <i>Enter Strategy, Essential MCH Service, and Planned Activities below.</i>					
1.2		<b>Strategy:</b> <i>Create a system of dissemination of information to health care providers regarding existing reproductive health resources and support services available.</i>			
Essential MCH Service (select from list):		4. Mobilize community partnerships to solve 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> Provide risk reduction services and case management for pregnant women in securing reproductive medical care throughout Kansas.				
	<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: Improve mental health and behavioral health of pregnant women and new mothers.**

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> Implement a public awareness campaign to recognize mental health and behavioral health impacts of a healthy pregnancy.				
	<b>Essential MCH Service (select from list):</b> 3. Inform/educate the public/families about 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
<b>Strategy 2.2:</b> Enter Strategy, Essential MCH Service, and Planned Activities below.				
2.2	<b>Strategy:</b> Advocate for policy change to implement universal mental health and behavioral health screening for all pregnant women and mothers in Kansas.			
	<b>Essential MCH Service (select from list):</b> 5. Leadership in setting priorities, planning and policy development			
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.				
2.3	<b>Strategy:</b> Educate and provide evidence based tools for diagnosing mood disorders, substance abuse, intimate partner violence , and sexual assault to health care providers and public health workforce.			
	<b>Essential MCH Service (select from list):</b> 8. Assure work force capacity and competency			
2.3.1				
2.3.2				
2.3.3				
2.3.4				

**PRIORITY OBJECTIVE #3: Reduce preterm and low birthweight births, and infant mortality.**

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.					
<b>3.1</b>		<b>Strategy:</b> Partner to educate the public and health providers on issues related to contributing factors leading to preterm birth, low-birth weight, and infant mortality.			
<b>Essential MCH Service (select from list):</b>		<b>4. Mobilize community partnerships to solve MCH issues</b>			
3.1.1					
3.1.2					
3.1.3					
3.1.4					
<b>Strategy 3.2:</b> Enter Strategy, Essential MCH Service, and Planned Activities below.					
<b>3.2</b>		<b>Strategy:</b> Educate reproductive health providers and the public health workforce on best practice for prenatal risk assessment of all women of reproductive age.			
<b>Essential MCH Service (select from list):</b>		<b>8. Assure work force capacity and competency</b>			
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
<b>Strategy 3.3:</b> Enter Strategy, Essential MCH Service, and Planned Activities below.					
3.3	<b>Strategy:</b> Direct targeted funding to provide comprehensive outreach and support services to pregnant women of racial and ethnic minorities.				
	<b>Essential MCH Service (select from list):</b> 10. Support research and demonstration projects				
3.3.1					
3.3.2					
3.3.3					
3.3.4					

**PRIORITY OBJECTIVE #4: Increase initiation, duration and exclusivity of breastfeeding.**

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 4.1:</b> Enter Strategy, Essential MCH Service, and Planned Activities below.					
4.1	<b>Strategy:</b> Educate Kansans on the benefits of breastfeeding infants exclusively for the first six months.				
	<b>Essential MCH Service (select from list):</b> 3. Inform/educate the public/families about MCH issues				
4.1.1					
4.1.2					
4.1.3					
4.1.4					

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 4.2:</b> Enter Strategy, Essential MCH Service, and Planned Activities below.				
4.2	<b>Strategy:</b> Collaborate with hospitals and employers to adapt policies to support initiation and continuation of breastfeeding infants.			
	<b>Essential MCH Service (select from list):</b> 4. Mobilize community partnerships to solve MCH issues			
4.2.1				
4.2.2				
4.2.3				
4.2.4				
<b>Strategy 4.3:</b> Enter Strategy, Essential MCH Service, and Planned Activities below.				
4.3	<b>Strategy:</b> Provide education and training of health care providers and public health workforce in comprehensive lactation support services.			
	<b>Essential MCH Service (select from list):</b> 8. Assure work force capacity and competency			
4.3.1				
4.3.2				
4.3.3				
4.3.4				

# Mothers & Infants 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 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
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	Activities/Action Steps	Completion Date for Activity	Responsible Party
1.1	Educate women and their male partners to understand and participate in reproductive health decisions that lead to a healthy pregnancy.		
1.2	Create a system of dissemination of information to health care providers regarding existing reproductive health resources and support services available.		



1.3	Provide risk reduction services and case management for pregnant women in securing reproductive medical care throughout Kansas.		

**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

	<b>Activities/Action Steps</b>	<b>Completion Date for Activity</b>	<b>Responsible Party</b>
2.1	Implement a public awareness campaign to recognize mental health and behavioral health impacts of a healthy pregnancy.		

2.2	<i>Advocate for policy change to implement universal mental health and behavioral health screening for all pregnant women and mothers in Kansas.</i>		
2.3	<i>Educate and provide evidence based tools for diagnosing mood disorders, substance abuse, intimate partner violence , and sexual assault to health care providers and public health workforce.</i>		

**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) <ul style="list-style-type: none"> <li>• Percentage of live births at 34 to 36 weeks of gestation (late preterm)</li> <li>• Percentage of live births at &lt;32 weeks of gestation (very premature)</li> </ul>	Birth Certificate
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	Activities/Action Steps	Completion Date for Activity	Responsible Party
3.1	Partner to educate the public and health providers on issues related to contributing factors leading to preterm birth, low-birth weight, and infant mortality.		
3.2	Educate reproductive health providers and the public health workforce on best practice for prenatal risk assessment of all women of reproductive age.		

3.3	Direct targeted funding to provide comprehensive outreach and support services to pregnant women of racial and ethnic minorities.		

**PRIORITY #4: Increase initiation, duration and exclusivity of breastfeeding.**

**Indicator(s) for Priority Objective #4**

**\*Source:**

1.	Percentage of Kansas WIC infants breastfed at least 6 months	PedNSS
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	<b>Activities/Action Steps</b>	<b>Completion Date for Activity</b>	<b>Responsible Party</b>
4.1	Educate Kansans on the benefits of breastfeeding infants exclusively for the first six months.		

4.2	<i>Collaborate with hospitals and employers to adapt policies to support initiation and continuation of breastfeeding infants.</i>		
4.3	<i>Provide education and training of health care providers and public health workforce in comprehensive lactation support services.</i>		

\*Note: All sources available annually