



## Health Commission Recommendations

The recommendations of the Kansas City Health Commission begin on the next page.

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# 2008 Health Commission Strategies and Recommendations

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## Community Health Assessment Appendix A

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Infant Mortality

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## ***Executive Summary***

### **STRATEGIES AND RECOMMENDATION OF THE KANSAS CITY HEALTH COMMISSION**

*Infant Mortality remains a disheartening statistic in this country as well as our city. Some areas of Kansas City fall below the standards of nations in the developing world. Health disparities contribute on a large scale to these poor outcomes and comprise the highest challenge to the measure of health in our community.*

This year the Kansas City Health Commission would proudly like to spotlight the work of its own committees and enrich the Kansas City Community Health Assessment report.

All organizations, faith institutions, social service agencies, medical care providers, employers, governmental agencies, elected officials, foundations and community leaders are encouraged to develop action steps to implement the recommendations in this report. The Health Commission stands ready to collaborate with all groups willing to work on these issues.

This document is presented as an appendix to the 2008 Kansas City Community Health Assessment Report. These recommendations represent many hours of dialogue and a common commitment from those inspired by a vision that improves the health of our community and the health our citizens, especially those most vulnerable. The Minority Health and Health Equity Committee and the Women's Infant's and Children's Health committee collaborated and convened a joint task force (with input from the Tobacco Use Reduction Committee) to review the evidence of priority needs in the areas of infant mortality and other maternal and child health issues. The Committees drew heavily on local assessments, case reviews and other resources dealing with infant mortality. A complete listing of these sources is provided at the end of this supplement.

The development of these recommendations addressed the following five areas:

- A. Nutritional Health Strategies and Interventions
- B. Prenatal Care Health strategies and Interventions
- C. Addiction and Lifestyle Health Strategies and Interventions
- D. Asthma and Maternal Medical Health Strategies and Interventions
- E. Psychosocial Risk Factors for Health and Interventions

(The list above is not a prioritized list. Items are listed in order of completion)

Each section of this supplement is presented with overarching goals followed with a chart that examines specific problem or barriers and strategies for addressing the concern. The strategies are further delineated by focusing the target of interventions towards individuals, communities/organizations or policies. The strategies and recommendations for intervention in this section reflect the diversity of our community and come at action from different viewpoints. The level of stakeholder involvement nurtures the achievement of success in groups that are under-represented and favors balance in access to health care. The recommendations are shared with the Kansas City Community to provide direction for community efforts to improve the health status of the youngest and most vulnerable members of our community.

#### Resources:

- ❖ The Kansas City Health Department Community Health Assessment - 2008
- ❖ Dying So Young: Infant Mortality in Kansas City Report -2007

- ❖ Kansas City Fetal and Infant Mortality Review (FIMR)
- ❖ The Maternal and Child Health Community Assessment Report - 2007
- ❖ Kansas City Community Health Improvement Plan (CHIP) - 2006
- ❖ Kansas City Area Snapshot: 2006 American Community Survey
- ❖ Social Determinants of Health: What, How, Why, and Now
- ❖ World Health Organization: Social Determinants of Health

Health Commission Committees:

- ❖ Women Infants and Children Committee
- ❖ Minority Health and Health Equity Committee

## **A. Nutrition Recommendations and Strategies**

**Nutrition factors of obesity or poor pregnancy weight gain; poor pre-pregnancy, prenatal, or postnatal diet**

***Goal: Insure that every (potentially-)expectant mother and new mother and infant have the proper nutrition.***

1. Provide nutritional counseling to every mother at the first prenatal visit and every visit thereafter and ensure early entry into and continued use of the Women, Infants, and Children Program (WIC).
2. Distribute nutrition informational materials.
3. Link expectant mothers to community resources such as Food Banks and additional counseling; and track linkages.
4. Address women's health prior to pregnancy by encouraging the daily intake of folic acid and other vital nutrients.
5. Encourage coverage for and intake of prenatal vitamins.
6. Encourage increasing fiber intake in the first trimester to reduce the risk of developing preeclampsia.
7. Encourage breastfeeding and church/workplace support for nursing mothers (e.g., private areas, refrigeration, policies, culture).

## **B. Prenatal Care Recommendations and Strategies**

**Late entry or no prenatal care; inadequate prenatal or postnatal care**

***Goal: Insure that every (potentially-)expectant mother and new mother and infant have access to quality health care.***

1. Reduce barriers to early entry into prenatal care.
2. Offer extended hours of service into the evening and weekends [in varied locations as well as quick prenatal visits] for women of childbearing age, especially prenatal services.
3. Have a single personal care provider throughout the pregnancy to increase prenatal care adherence.
4. Coordinate enrollment in Medicaid (including Presumptive Eligibility, Family Planning Waiver, Temporary Medicaid During Pregnancy Program, and Emergency Medical Care for Ineligible Aliens) and WIC (see above) and choose a provider at the same time.
5. Explore ways to remove the cost barrier for pregnancy testing and prenatal services.
6. Provide prenatal classes in Spanish, i.e. English as a Second Language patients.
7. Explore ways to get and keep expectant mothers engaged with their care, i.e. classes at prenatal clinics.
8. Consider a comprehensive public awareness campaign with billboards and radio to increase awareness of referral mechanisms and available resources.
9. Identify community/neighborhood ambassadors to assist with identifying at-risk women of childbearing age and expectant mothers for appointment referrals.
10. Monitor the continuation and quality of prenatal care.
11. Educate women on family spacing, family planning, and emergency contraceptives.
12. Insure well-child exam visit schedules are followed.
13. Work with professional community on developing prenatal care guidelines.
14. Review the 25 mandatory newborn screenings offered and recommend additional mandatory screenings, as appropriate.

## **C. Addiction and Exposure to Cigarette Smoke, Alcohol and Street Drugs Recommendations and Strategies**

***Goal: Provide assistance for every (potentially-)expectant mother and new mother to eliminate her addictions and exposure to others with addictions.***

1. Encourage all women of childbearing age to seek smoking cessation preconception through the first year of infancy. In addition, encourage all expectant mothers to reduce/quit smoking any time throughout the pregnancy, even in the last month, for a healthier birth outcome.
2. Encourage parents/caregivers of infants to decrease/eliminate exposure to second hand smoke (i.e. at home, at child care sites, in vehicles, in public places) to reduce negative respiratory conditions such as asthma.
3. Screen all expectant mothers for tobacco, alcohol and drug use and support remediation through service referrals and follow-up.
4. Encourage dialogue about this subject at the first prenatal care visit. Assess for underlying (mental health issues), with potential for self medication.
5. Support timely referrals to health care professionals for focused counseling to end substance use prior to and during early pregnancy; and track referrals.
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## **D. Other Maternal Medical/Dental Recommendations and Strategies**

***Goal: Insure that expectant mothers and infants are served for other medical and dental conditions, especially asthma, diabetes, and hypertension.***

1. Encourage all women of childbearing age to engage in proper brushing and flossing and seek dental care for healthier birth outcomes.
2. Discourage consumption of soda pop for expectant mothers and infants.
3. Encourage proper, early oral hygiene and a child's first dental visit by age 1.
4. Encourage recommended immunizations for all women of childbearing age and caregivers of infants.
5. Promote awareness to providers about asthma as a discrete risk factor for diminished perinatal outcome.
6. Teach mothers of infants with asthma ways to reduce allergens in the home.
7. Teach mothers the importance of keeping regular visits for follow-up care for infants who have chronic health conditions.
8. Ensure that existing medical conditions that complicate pregnancies and new medical conditions resulting from pregnancies are managed.
9. Reduce maternal stress levels to decrease the risk of asthma and allergies in infants.
10. Refer infants to the Children with Special Health Care Needs (CSHCN) program, e.g. cerebral palsy.
11. Encourage testing for AIDS and STD's, e.g. herpes, chlamydia, etc.
12. Continue to explore ways of increasing available community venues for disseminating SIDS Risk Reduction Recommendations.

## **E. Psychosocial Risk Factors Recommendations and Strategies**

***Goal: Insure that expectant and new mothers are screened for psychosocial conditions, including depression, domestic violence, and homelessness.***

1. Screen women (both partum and post-partum) for depression and other mental health issues; and track referrals.
2. Assist expectant mothers, new mothers and infants facing domestic violence, i.e. battered women and child abuse.
3. Assist expectant mothers, new mothers and infants facing housing issues, i.e. homeless women and infants.

## List of Participants

The Health Commission would like to thank all the committees that participated in creating this section of the 2008 Health Commission Strategies and Recommendations. Additional thanks goes to the community organizations and agencies for their commitment to participating in all monthly Health Commission activities. A special thanks goes to the following committee and community members listed below for their dedication in completing this endeavor. These members are denoted with an asterisk.

### MINORITY HEALTH AND HEALTH EQUITY COMMITTEE

Terry Riley Co-Chair	Councilmember City of KCMO
Ruth Ramsey Co-Chair*	Our Health Matters Publication
Teresa Gerard*	Blue Cross Blue Shield
John Cyprus*	KC Quality Improvement Consortia
Ron Ellison*	KC Wellness Network
Byran Love	Healthcare USA
Charles Swinton	Church Health Ministry Coalition
Min Gregg Wilson	Thank You Christ Ministries
Kelli Hare	Thank You Christ Ministries
Marva Miller	Thank You Christ Ministries
Barbara Davis	NAACP
Mona Perry	American Indian Council
Hazel Wesson	KC Free Health Care Clinic
Lt. Tracy Branch	U.S. DHHS Region VII Office of Minority Health
Janette Lockridge	Truman Medical Centers
Marion Halim	Lincoln University Extension
Barbara Courtney	Reconciliation Services
Bobbi McCanse	Research School of Nursing
Cynthia Hughes	Truman Medical Centers
Tasha Dixon	Truman Medical Centers
Preston Washington	Nat'l Council on Alcohol & Drug Dependence
Robin Barger	NAACP
Doris Grant	Black Health Care Coalition
Nina Howard	Samuel Rodgers Health Care Center
Dorothy Fountleroy	Health Commissioner

### WOMEN'S, INFANT'S AND CHILDREN'S HEALTH COMMITTEE

Deborah Jantsch Co-Chair*	Midwest Women's Healthcare, PC
Betty Cook Co-Chair*	Community Participant
Mary Jean Brown*	Mother and Child Health Coalition
S. Jean Craig	Mother and Child Health Coalition
Kay Connelly	Truman Medical Centers
Mariah Chrans	Community Participant
Rev. Michael Brooks	Zion Grove Baptist Church
Dana Leonard	Healthcare USA
James Guilloury	KCUMB
Betty Novak	Mother and Child Health Coalition
Barbara Wiman	St. Luke's Hospital
Melissa Robinson *	Black Health Care Coalition

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# 2008 Health Commission Strategies and Recommendations

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## Community Health Assessment Appendix B

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Use of Health Levy Funds for Health  
Care and Public Health Services

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## **Recommendations For Use Of Health Levy Funds For Health Care And Public Health Services**

The Kansas City Health Commission is working to achieve five principles with regard to use of public funds for public health and health care expenses. Those five principles are:

**Principle A:** *All Levy funds are to be invested with a focus upon quality improvement, public accountability, collaboration and transparency. These factors are to apply to all safety net providers and the City Health Department as funds are allocated, utilized and reported.*

**Principle B:** *Contracts between the City and the safety net providers will include quality improvement measures jointly agreed upon by the City and the safety net providers with regular updates to the Health Commission.*

**Principle C:** *References to the development of electronic medical and health records, electronic bridging and electronic verification are intended to be directional and implemented to the extent affordable, feasible and not to the detriment of providing quality care to the residents in need of care.*

**Principle D:** *Collaboration between the Health Department and the safety net providers is encouraged with appropriate allowance for input into new policies and procedures.*

**Principle E:** *The ultimate goal is to ensure public accountability of all levy funds that are expended with a goal of maximizing access to needed care for the under-insured residents of Kansas City. Implicit in the accountability criterion is the need for the public to understand performance measures for services provided under the levy funds with reporting mechanisms that are informative to the public and non-duplicative to the providers.*

## List of Participants

The Health Commission would like to thank the Budget and Contract Evaluation Committee that participated in creating this section of the 2008 Health Commission Strategies and Recommendations. Additional thanks goes to the safety net providers, community organizations and agencies for their commitment to participating in all monthly Health Commission activities. A special thanks goes to the following committee members and safety net representatives listed below for their dedication in completing this endeavor.

### BUDGET AND CONTRACT EVALUATION COMMITTEE

<u>NAME</u>	<u>ORGANIZATION</u>
Larry Blankinship, Chair	Blankinship Distributors (Business Representative)
Tom Cranshaw	Tri-County Mental Health, Inc. (Mental Health Representative)
Dr. Cathy Davis	UAW-Ford Community Health Care Initiative (Union Representative)
Dr. Deborah Jantsch	Midwest Women's Healthcare (Health Care Provider)
Linda Vogel	Community Volunteer

#### EX-OFFICIO MEMBERS

Councilwoman Cathy Jolly, Health Commission Co-Chair	City of Kansas City – Sixth District At-Large
Landon Rowland, Health Commission Co-Chair	Everglades Financial (Business Representative)
Rex Archer, MD MPH, Health Commission Co-Chair	Director of Health - Kansas City (Public Health)

### SAFETY NET PROVIDER REPRESENTATIVES

<u>NAME</u>	<u>ORGANIZATION</u>
Jimmy Brown	Swope Health Services
Karen Dolt	Northland Health Care Access
Louise Edwards	Children's Mercy Hospital
Deanna Farley	Cabot Westside Clinic
Hilda Fuentes	Sam Rodgers Community Health Center
Gerard Grimaldi	Truman Medical Center
Kathryn Knotts	Truman Medical Center
Nicole Schmidt	Cabot Westside Clinic
Jason White	Metropolitan Ambulance ST
Sheri Wood	KC Free Health Clinic

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