

# Kansas City Healthy Start Initiative: Level 2



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THE

**JOURNEY** 

Lessons Learned

1) The importance of being flexible in

3) The need to discern the respective

value of home visits and medical

perspectives in CAN development:

personnel to see the big picture of

Healthy Start and the rationale for

Healthy Start participants, CHWs

and other provider; and the

5) Recognition of the need for

2) The need for timely training to

Insights during the process:

quickly orient new staff

4) Consideration of these three

adapting to change

home visits

community

new approaches

### About KCHSI

#### Kansas City Healthy Start Initiative (KCHSI),

a program of the Mother & Child Health Coalition in Greater Kansas City, is a medical home model of support for pregnant and postpartum women and their young children to:

- 1) Improve perinatal health of women and children
- 2) Promote quality services
- 3) Strengthen family resilience
- 4) Achieve collective impact
- 5) Increase accountability

through care coordination, referral, and goal planning.

- Participants: 1,158 served since 2015 –
   591 women and 567 children (0-2) from
   11 Missouri and 6 Kansas ZIP codes
- Providers: 2 Federally Qualified Health
   Centers 2 Administrators and
   8 Community Health Workers
- Community: Bi-State 5-County Coalition and Community Action Network

**Rodgers Health** 

Center -

KCHSI Site

Mid America

**Immunization** 

Coalition

# Project Challenges

### Implementing a medical home model of care coordination:

- 1) Time needed for data collection and caseload size hindering care coordination
- 2) Turnover in Community Health Worker (CHW) positions
- 3) Difficulty establishing close rapport and trust in medical home setting
- 4) Difficulty building a common definition of a Community Action Network (CAN) in an established coalition
- 5) Changes in data elements, instruments, and protocols

# Project Successes

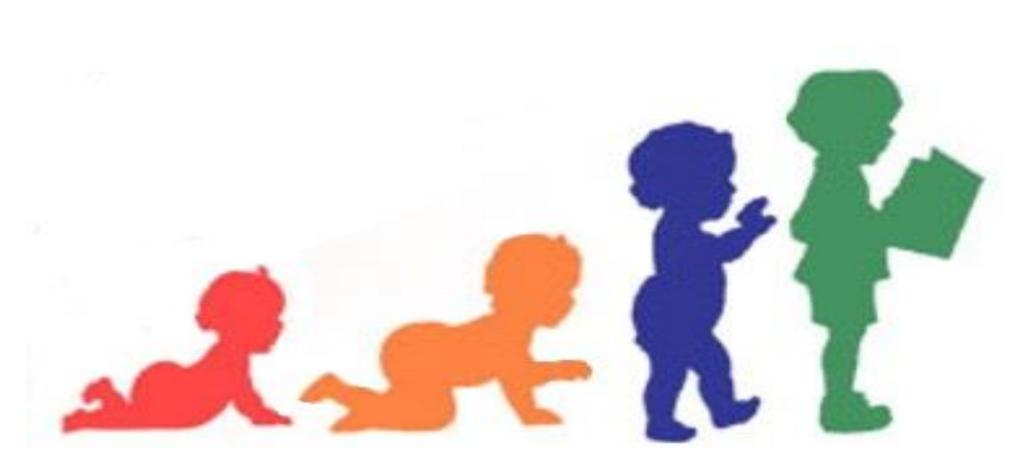
#### Promising early achievements:

- Colocation of CHWs in Federally Qualified Health Centers (FQHCs) resulting in excellent recruitment and referrals within FQHCs
- 2) CHW accessing HRSA CHW training modules, monthly training, and MCHC-sponsored training
- 3) Resilience of CHWs in adjusting to changes in Healthy Start system
- 4) Peer Learning Network participation and evaluation team's community mapping
- 5) Efficient and accurate data system currently in place

### **Future Activities**

#### Anticipated actions by 2019:

- 1) Greater focus on trauma-informed care to strengthen families' resilience
- 2) Enhanced roles of CHWs in city-wide Community Health Workers' Forum for their support and for benefits to the CAN
- 3) Further analysis of the pros and cons of inserting strategic home visits into the KCHSI medical home model
- 4) Completion of a multifaceted process evaluation of CAN development
- 5) Usage of data for decision-making at the participant, program, and community levels



#### **Mother & Child Health Coalition**

#### **Board of Directors Executive Committee Planning Committee Development Committee** Finance Committee **Executive Director Support Staff Support Staff** Coordinator Coordinator Financial Manager Coordinator Coordinator **KCHSI Project Director** Coordinator Safe Kids **Kansas City Healthy Start Initiative** Metro KC Level 2 Fetal Infant **Mortality Review** Safe Haven for Newborns **JMKC** Institute Samuel U. for Human Swope Health

Services -

KCHSI Site

Development -

KCHSI

Evaluation

Team

### Title V Engagement

## Bi-State Engagement of Title V Agencies:

#### Missouri Title V:

- Signed Data Use Agreement
- Met New Director, Melinda McLaughlin

#### Kansas Title V:

Finalizing Data Use Agreement

#### **2015 Outcome Highlights**

- 1) Improve Perinatal Health:
- No infant and no maternal deaths
- Prenatal care for 85% of pregnant women in first trimester
- 2) Promote Quality Services:
- 61% of infants breastfed at some time,
   53% at 6 months of age
- 57% of women completing a referral they received from KCHSI
- 3) Strengthen Family Resilience:
  - Fathers involved with 54% of women during pregnancy and with children of 48% of women
- 4) Achieve Collective Impact:
- Fully implemented CAN at KCHSI
- 5) Increase Accountability:
- Benchmarks, Performance Measures, and aggregated Monthly Reports submitted

