Addressing health equity requires identifying and removing obstacles to assure everyone has a fair and just opportunity to be healthy. The Maternal and Child Health Opportunity Project (MCHOP) is intended to support local community efforts to assure equal opportunities to health for all Kansas mothers, children, and their families.

### Introduction

State and university partners worked with seven local MCH agencies to advance efforts to assure equal opportunities for MCH populations, regardless of income, education, age, race/ethnicity, or where people live. The first cohort of the project ended in August 2020.

The Kansas Healthy Communities Action Toolkit provided technical support for implementation. It was used by the project to encourage action in building communities with equal opportunities for healthy living and well-being. The Toolkit provides reflection questions to consider, recommended actions, and examples, and resources to support action.

### What We Did

This was a learning collaborative project. A request for proposals was issued by KDHE to local MCH agencies (existing grantees) inviting them to apply. The KDHE Bureau of Family Health and the University of Kansas Center for Community Health and Development provided support and technical assistance.

The Kansas Healthy Communities Action Toolkit was developed to provide guidance and supports for the community’s health equity efforts. The communities were provided capacity-building webinars with peer-to-peer learning and sharing, as well as one-on-one technical assistance. These supports were used to plan their projects, form community collaborations, and support implementation. This participatory model for promoting MCH Opportunity consists of five iterative phases: Engage, Assess, Plan, Act, Evaluate.

**Engagement:** Relationship-building, trust-building, going to where people are, decreasing barriers, engaging those most affected

**Assessment:** Gathering information about local issues, prioritizing priority MCH issues, identifying resources and assets

**Planning:** Working with community partners (e.g., coalitions, schools, hospitals and clinics) to plan strategies for implementation

**Taking Action:** Identifying, adapting, and implementing best practices or promising approaches

**Monitoring and Evaluation:** Collecting data to see progress towards implementation, reflect on the effort, and identify impact on groups experiencing health disparities

### Monitoring and Evaluation

The Community Check Box Evaluation System (developed and maintained by KU-CCHD) was used for data collection and evaluation of the community activities and interventions. Evaluation questions included:

- What amount (and pattern) of community/system change is facilitated by each grantee and partners?
- What is the distribution of community/system change by type?
- To what extent does the initiative contribute to assuring mothers and children (in particular those with low income or with limited availability of health services) access to quality MCH services?

### Highlighted Lessons Learned

- **Relationships and trust** are key to successful collaborative efforts.
- **Rely on trusted relationships/networks** to reach those most affected.
- It is critical to engage partners in assessing local needs and planning for improvement; utilizing data is critical to decision making.
- Ongoing communication with stakeholders throughout the project aids support and implementation.
- It is necessary to adapt and exercise flexibility to accommodate changing circumstances (e.g., shift to COVID-19 response and recovery efforts).
- **Multi-sectoral collaborative action** makes it possible to bring about changes in programs, policies, and practices.
- It is important to address health inequities by focusing on differential exposures and opportunities and differential access to create conditions for health and health equity.

### State and Local Partners

**STATE SYSTEM PARTNER**

Kansas Department of Health and Environment (KDHE), Bureau of Family Health, Title V MCH Program (Kelli Mark, Rachel Sisson) http://www.kdhks.gov/bfh

**TECHNICAL SUPPORT AND EVALUATION PARTNER**

Center for Community Health and Development, University of Kansas (KU-CCHD) (Christina Holt, Stephen Fawcett, Ruaa Hassaballa) http://communityhealth.ku.edu

**LOCAL AGENCY PARTNERS**

Seven local MCH agencies (public health departments) partnered to complete health equity projects. Priority populations and projects included:

- **Barton County:** Develop a mothership initiative, prioritizing currently/previously incarcerated or homeless fathers as well as those living in poverty.
- **Clay County:** Mitigate lead exposure for low-income children.
- **Crawford County:** Decrease the number of low-income/Medicaid-covered pregnant women and new mothers who smoke.
- **Douglas County:** Uncover root causes of disparities between black and white babies born at low birthweight.
- **Sedgwick County:** Reduce infant mortality in Sedgwick by identifying barriers to insurance, including cost and coverage duration.
- **Wilson County:** Worked to engage stakeholders across school districts in the county to strengthen youth resilience through a trauma-informed system of care that built upon existing interventions in schools. Participation was enhanced by holding meetings in varying districts/locations to support travel for all, as well as a Zoom option.

### Select Accomplishments

Crawford County: Increased the number of pregnant women enrolled in smoking cessation program, which thrived in spite of COVID-19. Tobacco Cessation supports were offered through WIC appointments.

Lawrence/Douglas County: Discovered the need for a FTE dedicated to health equity. Were able to identify a candidate from the collaborative work that developed through the project.

Riley County: Implemented same-day pregnancy testing in the Family Child Resource Center to minimize transportation barriers, reduce wait times, and promote continuity of care. Interpretive services were provided. Connected pregnant clients with the “Becoming a Mom” (BaM) and other social services as appropriate. Non-pregnant clients were referred to family planning. A Spanish Facebook page was created, and flyers were disseminated to Spanish-speaking communities. BaM classes were offered in Spanish at times convenient for the clients (small groups). Older siblings could attend trainings/appointments, and the interpreter translated forms/handouts.

Sedgwick County: Engaged 34 individuals in structured interviews on perinatal mental health care access, including 13 pregnant and postpartum women. Engaged approximately 10 individuals from different backgrounds in the community workgroup to triangulate themes and develop action steps. Preliminary themes included inconsistency in screening intervals and tools; desire for collaboration between specialties; need for closing the communication loop; and barriers to insurance, including cost and coverage duration.

Wilson County: Worked to engage stakeholders across school districts in the county to strengthen youth resilience through a trauma-informed system of care that built upon existing interventions in schools. Participation was enhanced by holding meetings in varying districts/locations to support travel for all, as well as a Zoom option.

### Identified Challenges

Implementation challenges included:

- Changes in political climate
- Some Spanish-only speaking clients were hesitant to seek services due to current climate
- Staff turnover caused interruption in leadership and implementation capacity
- COVID-19 demanded a shift in priorities and resources; created barriers to in-person contact

### Future Directions

- **Continuous improvement** through ongoing reflection and evaluation.
- **Systemic change** through research, policy, and practice.
- **Equity in our work** through ongoing assessment and adaptation.
- **Collaboration** across disciplines and sectors to achieve shared goals.
- **Inclusion of diverse perspectives** to ensure equitable outcomes for all communities.

To learn more about this project, contact Kelli Mark with KDHE at Kelli_Mark@ks.gov.