



# JUNE 2017

## FACEBOOK POSTS


### June 1

The Kansas Department of Health and Environment's 2016 Preliminary Birth Report was just released! Check out these highlights. View Full Report: [http://www.kdheks.gov/.../d.../Preliminary\\_Birth\\_Report\\_2016.pdf](http://www.kdheks.gov/.../d.../Preliminary_Birth_Report_2016.pdf)

- NEW RELEASE -

# PRELIMINARY BIRTH REPORT KANSAS, 2016

HERE ARE A FEW HIGHLIGHTS:



## KANSAS BIRTHS

As of March, the 2016 Kansas resident mothers count is:

# 38,043 BIRTHS

A decrease of 2.8% (39,126 births) from 2015

\*2016 Preliminary Report

<h1>80.8%</h1>	<p><b>1ST TRIMESTER PRENATAL CARE</b></p> <p>Births where prenatal care began in the 1st trimester fell to 80.8% (30,582), down from 81.7% (31,826) in 2015.</p>
<h1>10.2%</h1>	<p><b>SMOKING DURING PREGNANCY</b></p> <p>Births reported with maternal cigarette smoking during pregnancy declined to 10.2% (3,878), down from 11.0% (4,294) in 2015.</p>
<h1>5.6%</h1>	<p><b>TEEN BIRTH</b></p> <p>Birth to teens aged 15-19 declined to 5.6% (2,126 births), from 6.3% (2,476) in 2015.</p>

\*2016 Preliminary Report

<div style="background-color: #f1c40f; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <span style="font-size: 24px; font-weight: bold;">&lt;37</span>  <small>WEEKS GESTATION</small> </div> <p><b>PREMATURE BIRTHS</b></p> <p>2016: 3,457 (9.1%) 2015: 3,426 (8.8%)</p>	<div style="background-color: #e74c3c; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <span style="font-size: 24px; font-weight: bold;">37-38</span>  <small>WEEKS GESTATION</small> </div> <p><b>EARLY-TERM BIRTHS</b></p> <p>2016: 9,264 (24.4%) 2015: 9,424 (24.1%)</p>	<div style="background-color: #27ae60; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <span style="font-size: 24px; font-weight: bold;">≥39</span>  <small>WEEKS GESTATION</small> </div> <p><b>FULL TERM BIRTHS</b></p> <p>2016: 25,307 (66.6%) 2015: 26,255 (67.1%)</p>
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\*2016 Preliminary Report

## June 3

Today is National Trails Day! Go outside and adventure with family & friends.



## June 4

Today is National Cancer Survivor Day!

Download a free cancer prevention planner from the American Institute for Cancer Research - AICR - [tinyurl.com/steps-to-cancer-prevention](http://tinyurl.com/steps-to-cancer-prevention). This planner gives you small, daily tips that not only help you decrease your risk of cancer but help you develop a healthy and active lifestyle.

**Cancer Prevention Tips: 30 Day Planner**  
Try these daily tips to gradually make changes so you can move more and eat smarter.

**Good job!** As you reach a new day, be sure to keep up with what you learned the day before.

**You're on your way!** These small changes every day really add up to help you live a healthier life.

**Keep it up!** Are you feeling like any of these are becoming habits yet?

**You're doing great!** Remember, these are activities to help change your life.

**You did it!** Keeping up with these activities every day is a great way to help reduce your cancer risk.

Want healthy recipes and more information about these health tips? Visit [canprevent.aicr.org](http://canprevent.aicr.org)

American Institute for Cancer Research  
canprevent.aicr.org  
©2016 American Institute for Cancer Research | 1700 M Street, NW, Washington, DC 20036  
Follow us on: Facebook, Twitter, YouTube

**Can Prevent Action Planner**  
Congratulations! You have taken the first step for cancer prevention. Try one (or more) action each day. Share and inspire others—Together We CAN: #cancerprevention

**EAT WELL**

- MONDAY: Try a new cancer-fighting vegetable
- TUESDAY: Swap your refined grains with whole grains
- WEDNESDAY: Pack a healthy lunch instead of dining out
- THURSDAY: Take our healthy eating quiz
- FRIDAY: Share a picture of your healthy meal
- SATURDAY: Fill your plate two-thirds with plant foods
- SUNDAY: Make an AICR healthy recipe

**MOVE MORE**

- MONDAY: Active enough? Take our quiz
- TUESDAY: Schedule exercise time in your calendar
- WEDNESDAY: Strength train along with our video
- THURSDAY: Track your steps: aim for 7,000
- FRIDAY: Add 10 extra minutes to your walk
- SATURDAY: Post a short video of your healthy activity
- SUNDAY: Try a new exercise

**SET IT UP**

- MONDAY: Grab a friend for a workout
- TUESDAY: Set a realistic weight loss goal
- WEDNESDAY: Build activity into your commute to work
- THURSDAY: Tuck your sweet treats out of sight
- FRIDAY: Use a smaller plate to keep portions in check
- SATURDAY: Replace your sugary drinks with water
- SUNDAY: Create a cancer-fighting fridge

**KEEP IT UP**

- MONDAY: Invite a friend to follow our Facebook page
- TUESDAY: Check your BMI with our online calculator
- WEDNESDAY: Pay attention to your food labels
- THURSDAY: Keep your walking shoes by the door
- FRIDAY: Take our cancer prevention quiz
- SATURDAY: Set out healthy snacks that are easily accessible
- SUNDAY: Sign up for the New American Plate Challenge

PASS IT ON #cancerprevention

Click for online extras

alcr.org/can-prevent

**USDA**  
United States Department of Agriculture

## Take a Healthy Summer Break!

Discover Some Easy Ways to Help Kids Stay Happy and Healthy This Summer

**Did you know?**  
Kids sometimes gain weight **two times faster** in the summer than during the school year.

Only 1 in 4 kids ages 6-15 gets the recommended 60 minutes of physical activity each day.

**Move More**  
Get at least 60 minutes of physical activity a day. Try dancing, biking, walking, jumping rope, and active games like tag.

**Choose Water**  
Give thirsty kids a healthier choice. Plain water has no added sugar!

A 12-oz sugar-sweetened drink can have 31 grams of added sugar. That's 8 teaspoons!

Kids spend an average of **7.5 hours** a day in front of a screen.

**Sit Less**  
Limit TV, computers, tablets, and video games to no more than **1-2 hours** a day as another step towards good health.

As many as **27%** of kids' daily calories come from snacks, mostly from desserts and sugar-sweetened beverages.

**Eat Smart To Play Hard**  
Want kids to reach for healthier snacks? Offer fruits and vegetables at snack time!

**Find a Summer Meal Site Near You!**  
Your child can enjoy a healthy meal with friends at a summer meal site.\* All kids age 18 and under eat free. Some sites also offer games, crafts, and activities. Visit <http://www.fns.usda.gov/summerfoodrocks> or call 1-866-348-6479 to find a summer meal site near you!  
\*In areas where at least 50 percent of children are eligible for free or reduced-price school meals, based on local school or census data.


Food and Nutrition Service  
FNS-006  
March 2016  
USDA is an equal opportunity provider and employer.

### June 6

Help kids stay happy & healthy all summer! Follow these tips from the U.S. Department of Agriculture.

### June 8

Learn more about The Kansas Initiative for Developmental Ongoing Screening (KIDOS) efforts to improve developmental screenings for infants and toddlers and how to implement effective practices in your community: [Screenearlystartstrong.org](http://Screenearlystartstrong.org)




# SO MUCH TO CELEBRATE!

Today's the day to schedule a developmental screening. A developmental screening at your doctor's office or with your early childhood provider can help identify what your child is good at as well as any areas where they may need practice or a little help.

Need help or have questions? See [www.screenearlystartstrong.org](http://www.screenearlystartstrong.org).

SCREEN EARLY, START STRONG



June 13

**Kansas Maternal & Child Health**  
 June 13 at 7:40am · 🌐

A new tool encourages adults to look beneath the behavior of children and to understand behavior as communication. It can help to figure out what's going on with a child whose behavior is causing concern, starting with basic human needs and graduating to the more serious impacts of trauma.

**What Lies Beneath Behavior? Introducing Echo's New Infographic!**

Every novelist, psychologist, anthropologist and your Aunt Jane have wanted to know this. What motivates people and what's going on when their behavior is...

ACESCONNECTION.COM

June 15

This chart lists key vaccination recommendations for before, during, and after pregnancy. Learn more about how vaccines help protect you and your baby against serious diseases by visiting <http://tinyurl.com/Pregnancy-Vaccines>.

## Maternal Vaccination



Resources for healthcare professionals

Vaccines help keep your pregnant patients and their growing families healthy.

Last Updated September, 2016

Vaccine	Before pregnancy	During pregnancy	After pregnancy	Type of vaccine
Influenza	Yes	Yes, during flu season	Yes	Inactivated
Tdap	May be recommended; it is better to vaccinate during pregnancy when possible	Yes, during <b>each</b> pregnancy	Yes, immediately postpartum, if Tdap never received in lifetime; it is better to vaccinate during pregnancy	Toxoid/ Inactivated
Td	May be recommended	May be recommended, but Tdap is preferred	May be recommended	Toxoid
Hepatitis A	May be recommended	May be recommended	May be recommended	Inactivated
Hepatitis B	May be recommended	May be recommended	May be recommended	Inactivated
Meningococcal	May be recommended	Base decision on risk vs. benefit; inadequate data for specific recommendation	May be recommended	Inactivated
Pneumococcal	May be recommended	Base decision on risk vs. benefit; inadequate data for specific recommendation	May be recommended	Inactivated
HPV	May be recommended (through 26 years of age)	No	May be recommended (through 26 years of age)	Inactivated
MMR	May be recommended; once received, avoid conception for 4 weeks	No	May be recommended	Live
Varicella	May be recommended; once received, avoid conception for 4 weeks	No	May be recommended	Live

For more information, visit: [www.cdc.gov/vaccines/pregnancy](http://www.cdc.gov/vaccines/pregnancy)

Get an answer to your specific question by e-mailing [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov) or calling 800-CDC-INFO (232-4636)

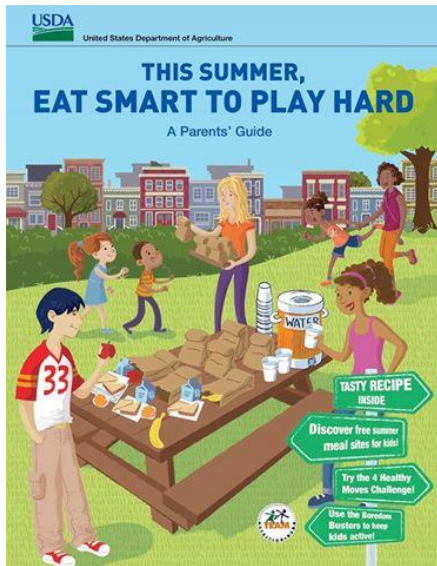


U.S. Department of Health and Human Services  
 Centers for Disease Control and Prevention

150925-01-00000-00000

## June 16

This parents' guide provides '4 Healthy Moves' to keep your family healthy this summer! View the entire guide here: <http://tinyurl.com/Healthy-happy-summer>.



## June 18

Healthy and active dads are a crucial part of a healthy and active family. Encourage the men in your life to set a good example for their kids and take charge of their health.

For resources and information see: <http://www.menshealthnetwork.org/>



June 19

This week we'll be featuring our updated domain profiles! Each 1 page profile includes performance measures, data highlights, health disparities, and the next steps for improvement. <http://www.kansasmch.org/domains.asp>

The graphic features the Kansas Maternal & Child Health logo in the top left. The title "6 Health Population Domains" is centered in a blue banner. Below the banner are six images, each with a caption: 1. A pregnant woman (Women/Maternal Health). 2. A woman holding a newborn (Perinatal/Infant Health). 3. A family looking at a book (Child Health). 4. A group of people in a hallway (Adolescent Health). 5. A person in a wheelchair in a library (Children & Youth with Special Health Care Needs). 6. A child on a bicycle (Cross-Cutting/Life Course). A blue arrow points to the text "Find domain profiles & priorities @ [www.kansasmch.org/](http://www.kansasmch.org/)".

June 20

View our one-page profile that highlights key information for the Women & Maternal Health population at [www.kansasmch.org/domains.asp](http://www.kansasmch.org/domains.asp)!

The graphic is titled "Women & Maternal Health" in a large green font. It contains several sections: "MCH 2020: Women & Maternal Health" with sub-sections for "State Priority", "Performance Measures", "Data Highlights", "Spotlight on Improvement", "Example of Health Disparity", and "Next Steps". The "Data Highlights" section includes: "In 2014, 62.7% of Kansas women (15-44 years) had a preventive medical visit.", "In 2015, the Kansas preterm birth rate (8.8%) was higher than the March of Dimes goal of 8.1% by 2020.", "Kansas mothers who smoked anytime during pregnancy were almost two times more likely to have a baby die than mothers who did not smoke. In 2015, 15.5% (n=284 out of 18,200) of mothers reported smoking during pregnancy.", "Disparities by race/ethnicity: Disparities persist in maternal/obstetrical health based on racial, ethnic, socioeconomic and geographic factors." The "Next Steps" section includes: "Increase the number of women receiving a preventive medical visit (at least woman visit) annually.", "Implement a standard prenatal/postnatal risk screening protocol, including screening for trauma, depression, and other significant prenatal risks. Promote the appropriate use of postpartum therapy among pregnant women.", "Increase the number of established perinatal community collaboratives. The Kansas Perinatal Community Collaborative Model utilizes the March of Dimes 'Becoming a Mom' prenatal education curriculum. This public-private partnership brings together prenatal education and clinical care.", "Increase the proportion of smoking women referred to evidence-based cessation services and increase abstinence from cigarette smoking among pregnant women.", "Increase the number of women/families receiving home visiting services through improved coordination and referral." The graphic also features the Kansas logo and a blue arrow pointing to the URL [www.kansasmch.org/domains.asp](http://www.kansasmch.org/domains.asp).

Your input is valuable and needed! Review the MCH Block Grant application and provide feedback by July 3, 2018 MCH Block Grant: <http://www.kdheks.gov/bfh/index.html>  
Survey: <https://www.surveymonkey.com/r/5GPZQ62>

**Kansas Maternal & Child Health Partner**

**We need your feedback!**

As part of the annual Title V Maternal & Child Health (MCH) Services Block Grant program, Kansas is required to provide a federal report and application available to the public for the purpose of gathering input. The purpose of this survey is to collect information, opinions, and perspectives from consumers and partners across the state who are informed of and concerned about the needs of the MCH population, established services and resources, and existing factors that affect the implementation of policy and programs. Find more information about the program and view the application: <http://www.kdheks.gov/bfh/>.

Your input is very important to us and will be kept strictly confidential.

<https://www.surveymonkey.com/r/5GPZQ62>

The survey will close for public input on July 3, 2017 to assure input can be included in our annual Block Grant Application. Thank you for your comments!

**KANSAS**  
MATERNAL &  
CHILD HEALTH

Mental Health First Aid USA is an education and prevention training tool that helps you identify, understand, and respond to signs of addictions and mental illnesses. Courses across Kansas are happening in July, so register for one near you! [www.mentalhealthfirstaid.org/cs/take-a-course](http://www.mentalhealthfirstaid.org/cs/take-a-course).

1 in 5 people  
have a mental illness.

Show your  
support.  
Get trained in  
**MENTAL HEALTH  
FIRST AID.**

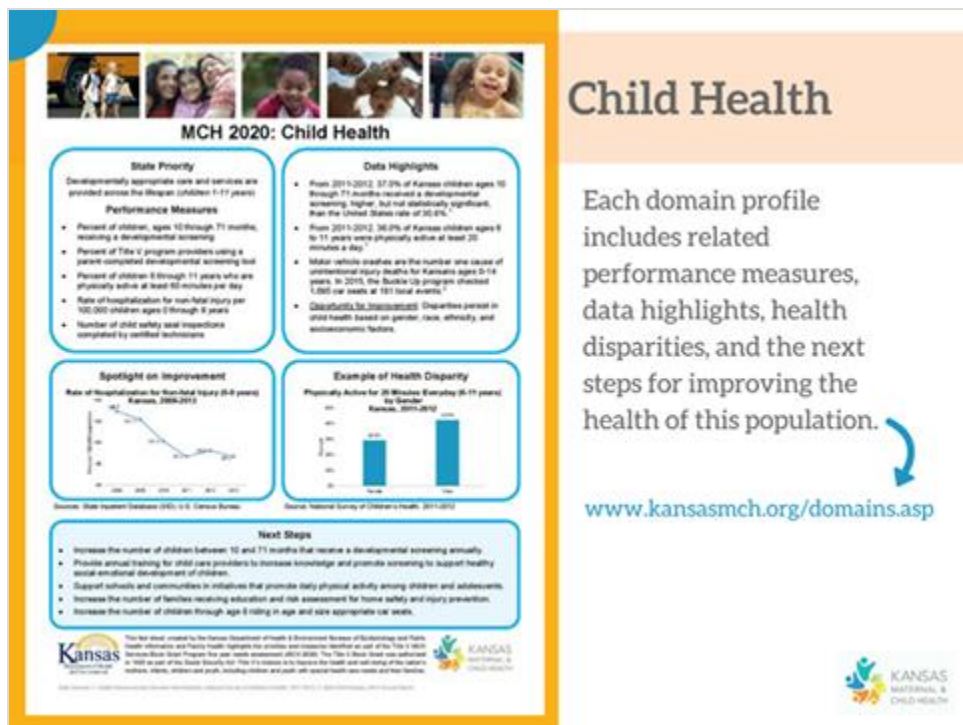
**Be 1 in a million**

**MENTAL HEALTH  
FIRST AID<sup>USA</sup>**  
[www.mentalhealthfirstaid.org](http://www.mentalhealthfirstaid.org)

June 21

Learn about performance measures, data highlights, health disparities, and the next steps for improvement for Child Health! <http://www.kansasmch.org/domains.asp>

### MCH 2020: Child Health



**State Priority**  
Developmentally appropriate care and services are provided across the lifespan (children 1-17 years).


**Performance Measures**

- Percent of children, ages 10 through 17 months, receiving a developmental screening.
- Percent of Title V program providers using a parent-completed developmental screening tool.
- Percent of children 6 through 11 years who are physically active at least 60 minutes per day.
- Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 years.
- Number of child safety seat inspections completed by certified technicians.


**Data Highlights**

- From 2011-2012, 37.0% of Kansas children ages 10 through 17 months received a developmental screening, higher, but not statistically significant, than the United States rate of 35.6%.
- From 2011-2012, 36.0% of Kansas children ages 6 to 11 years were physically active at least 20 minutes a day.
- Motor vehicle crashes are the number one cause of unintentional injury deaths for Kansas ages 0-14 years. In 2015, the Buckle Up program checked 1,892 car seats at 351 local events.
- Opportunity for Improvement:** Disparities persist in child health based on gender, race, ethnicity, and socioeconomic factors.

**Spotlight on Improvement**  
Rate of Hospitalization for Nonfatal Injury (0-9 years) Kansas, 2006-2015



**Example of Health Disparity**  
Physically Active for 20 Minutes (Everyday 6-11 years) by Gender, Kansas, 2011-2012



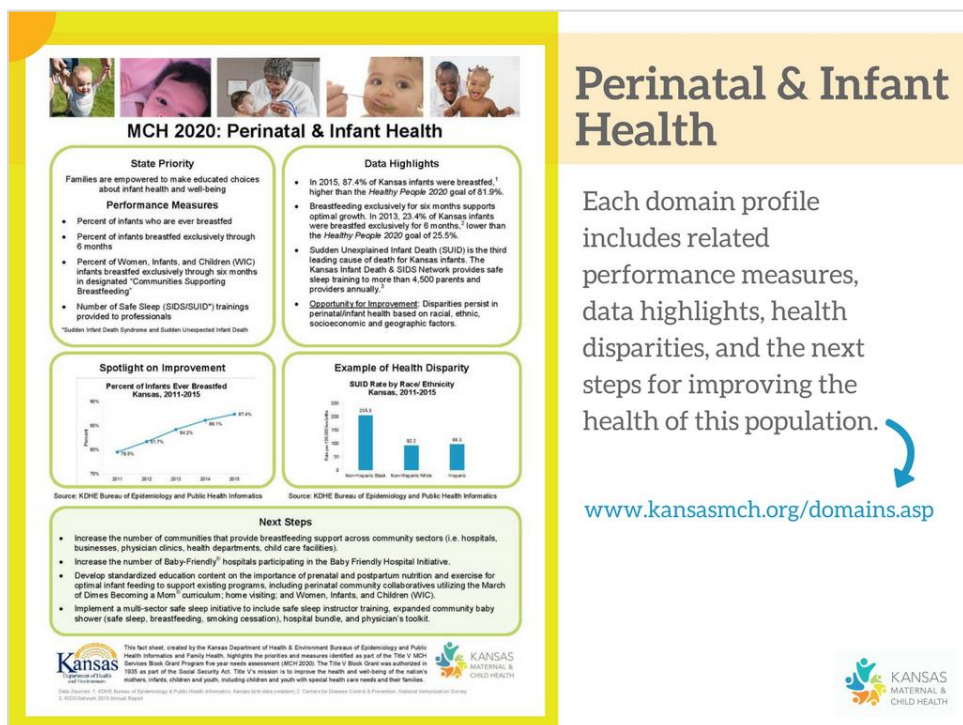
**Next Steps**

- Increase the number of children between 10 and 17 months that receive a developmental screening annually.
- Provide annual training for child care providers to increase knowledge and promote screening to support healthy social-emotional development of children.
- Support schools and communities in initiatives that promote daily physical activity among children and adolescents.
- Increase the number of families receiving education and risk assessment for home safety and injury prevention.
- Increase the number of children through age 8 riding in age and size appropriate car seats.

**www.kansasmch.org/domains.asp**

Check out our updated resources for Perinatal & Infant Health at <http://www.kansasmch.org/domains.asp>!

### MCH 2020: Perinatal & Infant Health



**State Priority**  
Families are empowered to make educated choices about infant health and well-being.

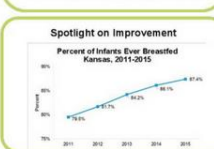
**Performance Measures**

- Percent of infants who are ever breastfed.
- Percent of infants breastfed exclusively through 6 months.
- Percent of Women, Infants, and Children (WIC) infants breastfed exclusively through six months in designated "Communities Supporting Breastfeeding".
- Number of Safe Sleep (SIDS/SUID\*) trainings provided to professionals.

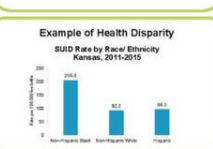
**Data Highlights**

- In 2015, 87.4% of Kansas infants were breastfed,<sup>1</sup> higher than the Healthy People 2020 goal of 61.9%.
- Breastfeeding exclusively for six months supports optimal growth. In 2013, 23.4% of Kansas infants were breastfed exclusively for 6 months,<sup>2</sup> lower than the Healthy People 2020 goal of 25.5%.
- Sudden Unexplained Infant Death (SUID) is the third leading cause of death for Kansas infants. The Kansas Infant Death & SIDS Network provides safe sleep training to more than 4,500 parents and providers annually.
- Opportunity for Improvement:** Disparities persist in perinatal/infant health based on racial, ethnic, socioeconomic and geographic factors.

**Spotlight on Improvement**  
Percent of Infants Ever Breastfed Kansas, 2011-2015



**Example of Health Disparity**  
SUID Rate by Race/Ethnicity Kansas, 2011-2015




**Next Steps**

- Increase the number of communities that provide breastfeeding support across community sectors (i.e. hospitals, businesses, physician clinics, health departments, child care facilities).
- Increase the number of "Baby-Friendly" hospitals participating in the Baby Friendly Hospital Initiative.
- Develop standardized education content on the importance of prenatal and postpartum nutrition and exercise for optimal infant feeding to support existing programs, including perinatal community collaboratives utilizing the March of Dimes "Becoming a Mom" curriculum, home visiting, and Women, Infants, and Children (WIC).
- Implement a multi-sector safe sleep initiative to include safe sleep instructor training, expanded community baby shower (safe sleep, breastfeeding, smoking cessation), hospital bundle, and physician's toolkit.

**www.kansasmch.org/domains.asp**



## Children & Youth with Special Health Care Needs



**MCH 2020: Children & Youth with Special Health Care Needs**

**Definition**  
Those who have, or are at risk for, a chronic physical, developmental, behavioral, or emotional condition and also require health and related services of a type or amount beyond that required by children generally.

**State Priority**  
Services are comprehensive and coordinated across systems and providers

**Performance Measures**

- Percent of children with or without special health care needs having a medical home
- Percent of families who experienced an improved independent ability to navigate the systems of care

**Data and Program Highlights**

- One in five (19.4%) Kansas children (0-17 years) has a special health care need.
- Majority (59.1%) of Kansas children have a medical home. There was no statistical difference between children with a special health care need (53.8%) and children without a special health care need (60.4%).
- Every quarter, the Kansas Special Health Care Needs Program provides free care coordination trainings for families with a special needs child.
- Opportunity for improvement:** Disparities persist for children with special health care needs to access medical care based on adequacy of insurance and geographic factors.

**The Medical Home**  
A medical home is not a physical location but rather an approach to comprehensive primary care that is seen as the ideal model of care for all children.


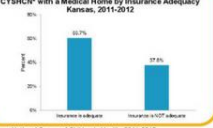


Image from [www.oregon.gov/oha/ohph/ohp/Pages/standards.aspx](http://www.oregon.gov/oha/ohph/ohp/Pages/standards.aspx)


**Example of Health Disparity**  
CVS/MCH<sup>2</sup> with a Medical Home by Insurance Adequacy Kansas, 2011-2012




Source: National Survey of Children's Health, 2011-2012


**Next Steps**

- Increase family satisfaction about the communication among their child's doctors and other health providers.
- Increase the number of families who receive care coordination support through cross-system collaboration.
- Develop an outreach plan to engage partners, providers, and families in the utilization of a shared resource to empower, equip, and assist families to navigate systems for optimal health outcomes.
- Increase opportunities to empower families and build strong Maternal and Child Health advocates.
- Train and education providers to promote diversity, inclusion, and integrate support in the provision of services for the Special Health Care Needs (SHCN) population into adulthood.



This fact sheet, created by the Kansas Department of Health & Environment Bureau of Epidemiology and Public Health Informatics and Family Health highlights the priorities and measures identified as part of the Title V MCH Services Block Grant Program five year needs assessment (MCH 2020). The Title V Block Grant was authorized in 1995 as part of the Social Security Act. This V's mission is to improve the health and well-being of the nation's mothers, infants, children and youth, including children and youth with special health care needs and their families.






## Children & Youth with Special Health Care Needs

Each domain profile includes related performance measures, data highlights, health disparities, and the next steps for improving the health of this population.

[www.kansasmch.org/domains.asp](http://www.kansasmch.org/domains.asp)

Find more informative & easy-to-understand sheets for MCH domains at <http://www.kansasmch.org/domains.asp>

## Adolescent Health



**MCH 2020: Adolescent Health**

**State Priority**  
Communities and providers support physical, social and emotional health (adolescents 12-22 years)

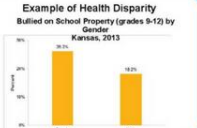
**Performance Measures**

- Percent of adolescents, 12 through 17, who are bullied or who bully others
- Number of schools implementing evidence-based or informed anti-bullying practices or programs
- Percent of adolescents, 12 through 17, with a preventive medical visit in the past year
- Percent of adolescents, 12 through 22, that received education on the importance of a well-visit in the past year

**Data Highlights**

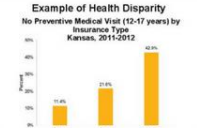
- In 2013, 22.1% of Kansas youth in grades 9 through 12 reported being bullied on school property, higher than the Healthy People 2020 target of 17.9%.
- In 2016, the Kansas Department of Health and Environment had contracts with 15 schools to implement the Second Step Program, an evidence-based anti-bullying prevention program.
- From 2011-2012, approximately 1 in 6 (16.6%) Kansas adolescents did not have a preventive medical visit in the previous 12 months.
- Opportunity for Improvement:** Disparities persist in adolescent health based on gender, race, ethnicity, and socioeconomic factors.

**Example of Health Disparity**  
Bullied on School Property (grades 9-12) by Gender Kansas, 2013



Source: Youth Risk Behavior Survey, 2013


**Example of Health Disparity**  
No Preventive Medical Visit (12-17 years) by Insurance Type Kansas, 2011-2012




Source: National Survey of Children's Health, 2011-2012


**Next Steps**

- Increase the number of adolescents, 12 through 17 years, accessing positive youth development, prevention, and intervention services and programs.
- Increase the number of schools that are implementing programs that decrease risk factors associated with bullying.
- Develop a replicable model for the establishment of school-based health centers around the state to increase access to preventive care/well-visits for adolescents.
- Increase the number of adolescents receiving immunizations according to the recommended schedule.
- Improve knowledge of parents and teens as to the importance of making informed health decisions.
- Increase youth-focused and -driven initiatives to support successful transition, self-determination, and advocacy.



This fact sheet, created by the Kansas Department of Health & Environment Bureau of Epidemiology and Public Health Informatics and Family Health highlights the priorities and measures identified as part of the Title V MCH Services Block Grant Program five year needs assessment (MCH 2020). The Title V Block Grant was authorized in 1995 as part of the Social Security Act. This V's mission is to improve the health and well-being of the nation's mothers, infants, children and youth, including children and youth with special health care needs and their families.





## Adolescent Health

Each domain profile includes related performance measures, data highlights, health disparities, and the next steps for improving the health of this population.

[www.kansasmch.org/domains.asp](http://www.kansasmch.org/domains.asp)



June 28

Do you know which vaccines help keep you and your baby safe from disease and when they should be given? Test your knowledge with this short quiz! <http://www.cdc.gov/vaccines/pregnancy/vaccine-quiz.html>



June 29

There's 1 week left! Please take time to review the Kansas MCH Services Block Grant 2018 Application and give your input by July 3.

2018 MCH Block Grant: <http://www.kdheks.gov/bfh/>

Survey: <https://www.surveymonkey.com/r/5GPZQ62>

**Kansas Maternal & Child Health Partner**

**We need your feedback!**

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Your input is very important to us and will be kept strictly confidential.

<https://www.surveymonkey.com/r/5GPZQ62>

The survey will close for public input on July 3, 2017 to assure input can be included in our annual Block Grant Application. Thank you for your comments!

**KANSAS MATERNAL & CHILD HEALTH**

June 30

Take time to educate your family about safe firework handling and disposal leading up to Independence Day!  
Image by the National Council on Firework Safety

# SAFE FIREWORKS DISPOSAL

What do you do when the fun is over?



- \* Soak spent fireworks thoroughly with water
- \* Afterwards place the soaked fireworks in a fireproof container with a lid
- \* Always store the firework trash away from buildings & flammable items

**ALWAYS SAFELY DISPOSE OF USED FIREWORKS!**



The National Council on Fireworks Safety is a 501(c)(3) charitable organization whose sole mission is to educate the public on the safe and responsible use of consumer fireworks.

[www.FireworksSafety.org](http://www.FireworksSafety.org)