



## **KANSAS TITLE V MATERNAL & CHILD HEALTH (MCH) FFY2019 State Priorities & Measures**

### **State Priorities**

*States conduct a 5-year needs assessment to identify 7-10 state MCH priorities.*

1. Women have access to and receive coordinated, comprehensive services before, during and after pregnancy.
2. Developmentally appropriate care and services are provided across the lifespan.
3. Families are empowered to make educated choices about infant health and well-being.
4. Communities and providers support physical, social, and emotional health.
5. Professionals have the knowledge and skills to address the needs of maternal and child health populations.
6. Services are comprehensive and coordinated across systems and providers.
7. Information is available to support informed health decisions and choices.

### **National Performance Measures (NPMs) & Evidence-Based or -Informed Strategy Measures (ESMs)**

*States select at least 5 of 15 NPMs that address the state priority needs; at least one for each population domain\* area.*

- NPM 1:** Well-woman visit (Percent of women, ages 18-44, with a preventive medical visit in the past year)  
**NPM 4:** Breastfeeding (Percent of infants ever breastfed; Percent of infants breastfed exclusively through 6 months)  
**NPM 6:** Developmental screening (Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year)  
**NPM 7:** Child Injury (Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9)  
**NPM 10:** Adolescent well-visit (Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year)  
**NPM 11:** Medical home (Percent of children with and without special health care needs having a medical home)  
**NPM 14:** Smoking during Pregnancy and Household Smoking (Percent of women who smoke during pregnancy; Percent of children, ages 1 through 17, who live in households where someone smokes)

### **State Performance Measures (SPMs)**

*States select measures to address state priorities not addressed by the National Performance Measures (no minimum or maximum).*

- SPM 1:** Preterm Birth (Percent of preterm births <37 weeks gestation)  
**SPM 2:** Physical Activity (Percent of children 6-11 physically active at least 60 minutes/day)  
**SPM 3:** Safe Sleep (Number of Safe Sleep (SIDS/SUID) trainings provided to professionals)  
**SPM 4:** Health Literacy (Percent of adults who report that it is somewhat difficult or very difficult to understand information from doctors, nurses and other health professionals)  
**SPM 5:** Workforce Development (Number of MCH grantees, families and partners that participated in a state-sponsored workforce development event)

### **MCH Population Domains\***

1. Women & Maternal Health
2. Perinatal & Infant Health
3. Child Health
4. Adolescent Health
5. Children & Youth with Special Health Care Needs
6. Cross-cutting/Systems Building (Optional)

The Title V Maternal and Child Health (MCH) Services Block Grant was authorized in 1935 as part of the Social Security Act. Title 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. The program is funded through the Health Resources and Services Administration's Maternal and Child Health Bureau (MCHB) and administered by the Kansas Department of Health and Environment, Bureau of Family Health. States are required to conduct a statewide needs assessment every five years and identify priority needs and measures for six MCH Population Domains. Although each state priority is linked with an individual domain, Kansas recognizes that many priorities and objectives may address needs across populations and is dedicated to focusing on aligning efforts as necessary for maximum impact. Find more information at [www.kansasmch.org](http://www.kansasmch.org) or [www.kdheks.gov/bfh](http://www.kdheks.gov/bfh).