

Maternal & Child Health Needs Assessment

Kansas MCH Council
April 8, 2020



KANSAS
MATERNAL &
CHILD HEALTH

KU CENTER FOR
PUBLIC PARTNERSHIPS
& RESEARCH
The University of Kansas

Title V MCH: Public Input

State MCH Program Accountability

Public Comment & Public Input

“The annual (Block Grant) application shall be developed by, or in consultation with, the State maternal and child health agency and shall be made public within the State in such manner as to facilitate comment from any person during its development and after its transmittal.”

-Title V Block Grant Legislation

MCH Needs Assessment

- Must include comprehensive review of MCH population needs, program/workforce capacity, and partnerships that are critical components of the state system to provide care to MCH populations
- Findings used by the state to develop a 5-year state action plan to address the needs of all population domains, complete with **7-10 MCH priorities**, at least **5 national performance measures**, and **state performance measures** (if applicable)

State & Local Programs Evaluated

- Maternal and Child Health (MCH)
- Children with Special Health Care Needs (CSHCN)
- Pregnancy Maintenance Initiative (PMI)
- Teen Pregnancy Targeted Case Management (TPTCM)
- Lifting Young Families Toward Excellence (LYFTE)

MCH Data Collection

We used some common approaches:

- Review of MCH program documentation
- Facilitated discussions at KDHE regional meetings
- Epidemiological data
- Key informant interviews/focus groups (including adolescents)
- Client surveys
- Workforce (FTEs, position types, demographics, MCH/public health competencies)

MCH Data Collection

...AND we did a few things a little differently



Kiosks (in) public spaces



Open houses (every region)



Health Photo Project



What we heard/found

- Concerns about access to integrated systems of care/support
- Consistent and overarching concern about mental health and substance abuse
- Disparities, particularly those associated with race and income
- Effects of social determinants of health on health (especially chronic conditions) of MCH populations

Proposed Priorities



PRIORITY 1: Women have access to services in an integrated, holistic, well-functioning system of care before, during and after pregnancy (Women & Maternal)

PRIORITY 2: Families are supported by strong community systems to optimize infant health and well-being (Perinatal & infant)

PRIORITY 3: PRIORITY 3: Children have access to developmentally appropriate services and supports through collaborative and integrated communities to achieve optimal health (Child)

PRIORITY 4: Communities and providers support adolescent physical, social and emotional health (Adolescent)

PRIORITY 5: PRIORITY 5: Communities and providers are equipped to partner with and support youth transitions and leadership opportunities (Children & Youth with Special Health Care Needs)

PRIORITY 6: Professionals have the knowledge and skills to address the needs of maternal and child health populations (Cross-cutting & Systems Building)

PRIORITY 7: Strengths-based supports and services are available to strengthen relationships and promote healthy families (Cross-cutting & Systems Building)