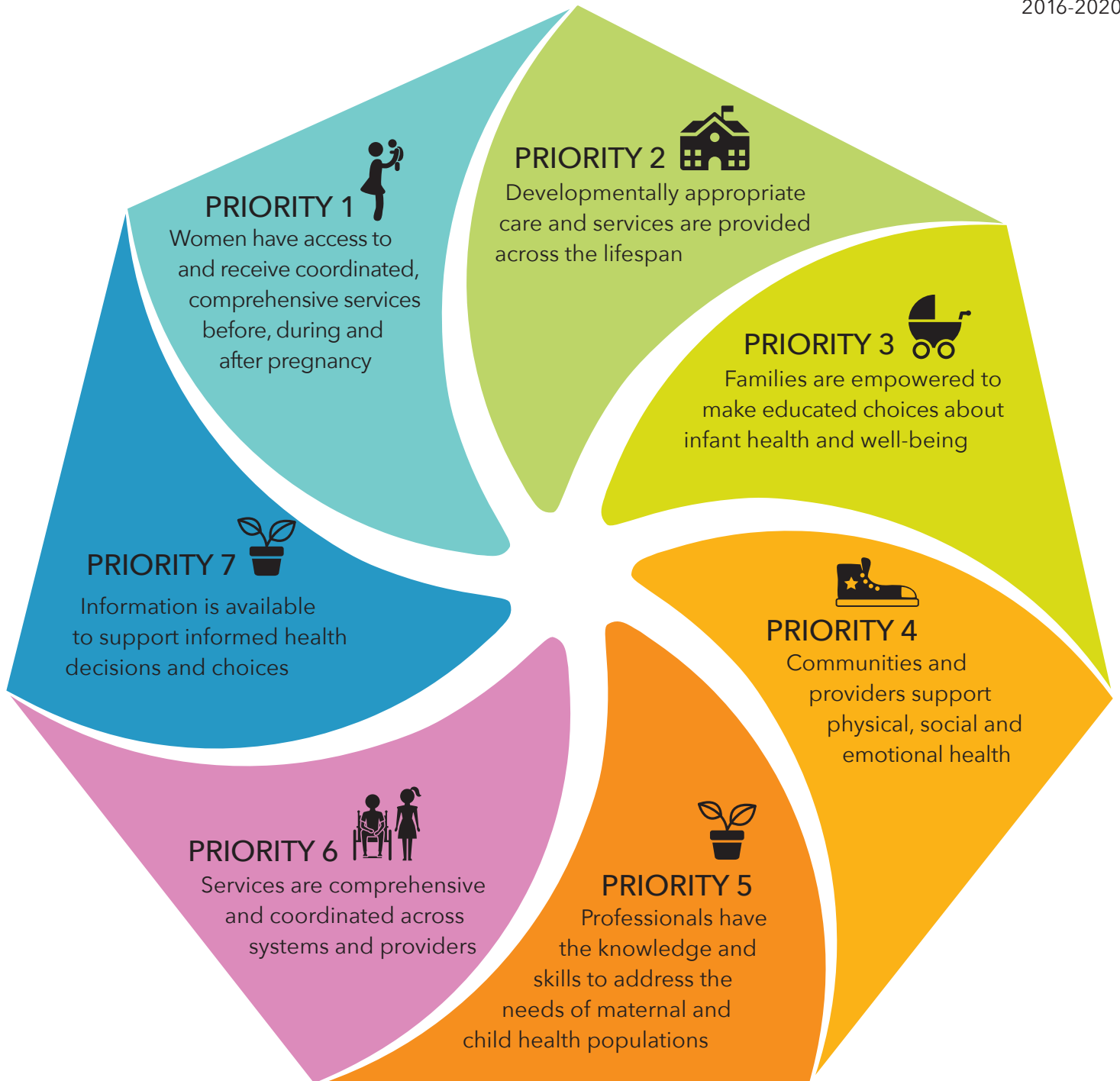




KANSAS TITLE V MATERNAL & CHILD HEALTH MATERNAL & CHILD HEALTH 5-YEAR STATE ACTION PLAN

2016-2020



MCH
DOMAINS





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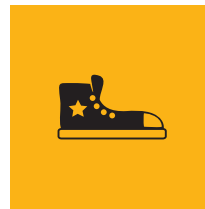
MATERNAL & CHILD HEALTH | 5-YEAR STATE ACTION PLAN

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TITLE V MATERNAL & CHILD HEALTH (MCH) POPULATION DOMAINS*



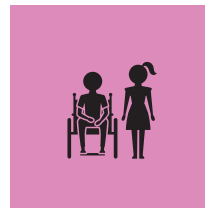
Women/
Maternal



Adolescent



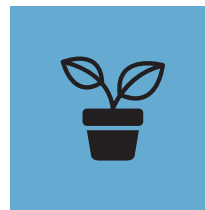
Perinatal/
Infant



Children & Youth
with Special Health
Care Needs
(CYSHCN)



Child



Cross-cutting/
Life Course

PERFORMANCE MEASURES

NPM National Performance Measure

SPM State Performance Measure

*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: Women & Maternal, Perinatal & Infant, Child, Adolescent, Children & Youth with Special Health Care Needs, and Cross-cutting/Systems Building. 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 or www.kdheks.gov/bfh.



PRIORITY 1
WOMEN/MATERNAL

Women have access to and receive coordinated, comprehensive services before, during and after pregnancy

- OBJECTIVE 1.1** Increase the proportion of women receiving a preventive medical visit annually.
- OBJECTIVE 1.2** Increase the proportion of women developing a reproductive life plan annually.
- OBJECTIVE 1.3** Increase the number of communities utilizing the MCH collaborative model and prenatal education curriculum by at least 5 annually by 2020.
- OBJECTIVE 1.4** Increase the percent of pregnant women on Medicaid with a previous preterm birth who receive progesterone to 40% by 2018 and increase annually thereafter.
- OBJECTIVE 1.5** Increase the proportion of smoking women referred to evidence-based cessation services to 95% or higher by 2020.
- OBJECTIVE 1.6** Implement the Vermont Oxford Network (VON) Neonatal Abstinence Syndrome (NAS) Universal training program statewide in partnership with the Kansas Perinatal Quality Collaborative (KPQC) and birthing centers (Target: 65 centers).

NPM Well-woman visit (Percent of women, ages 18 through 44, with a past year preventive medical visit)

NPM 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)

SPM Percent of preterm births (<37 weeks gestation)



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PRIORITY 2
CHILD

Developmentally appropriate care and services are provided across the lifespan

- OBJECTIVE 2.1** Increase the proportion of children aged 1 month to kindergarten entry statewide who receive a parent-completed developmental screening annually.
- OBJECTIVE 2.2** Provide annual training for child care providers to increase knowledge and promote screening to support healthy social-emotional development of children.
- OBJECTIVE 2.3** Increase by 10% the number of children through age 8 riding in age and size appropriate car seats per best practice recommendations by 2020.
- OBJECTIVE 2.4** Increase the proportion of families receiving education and risk assessment for home safety and injury prevention by 2020.
- OBJECTIVE 2.5** Increase the percent of children participating in at least 60 minutes of daily physical activity per CDC recommendations to decrease risk of obesity by 2020.

NPM Developmental screening (Percent of children, ages 9-35 months, who received a developmental screening using a parent-completed screening tool in the past year.)

NPM Child Injury (Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9.)

SPM Percent of children 6 through 11 who are physically active at least 60 minutes/day.



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PRIORITY 3 PERINATAL /INFANT

Families are empowered to make educated choices about infant health and well-being

- OBJECTIVE 3.1** Increase the number of communities that provide a multifaceted approach to breastfeeding support across community sectors by at least 10 by 2020.
- OBJECTIVE 3.2** Increase the proportion of live births delivered in birthing facilities that provide recommended care for breastfeeding mothers by 2020.
- OBJECTIVE 3.3** Increase the proportion of mothers and pregnant women receiving education related to optimal infant feeding by 2020.
- OBJECTIVE 3.4** Implement a multi-sector (community, hospitals, maternal and infant clinics) safe sleep promotion model by 2018.

NPM Breastfeeding (Percent of infants who are ever breastfed; Percent of infants breastfed exclusively through 6 months)

SPM Number of Safe Sleep (SIDS/SUID) trainings provided to professionals



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PRIORITY 4 ADOLESCENT

Communities and providers support physical, social and emotional health

- OBJECTIVE 4.1** Develop a cross-system partnership and protocols to increase the proportion of adolescents receiving annual preventive services by 2020.
- OBJECTIVE 4.2** Increase the number of adolescents, ages 12 through 17 years, accessing positive youth development, prevention, and intervention services and programs by 2020.
- OBJECTIVE 4.3** Increase access to programs and providers serving adolescents that assess for and intervene with those at risk for suicide.

NPM Adolescent well-visit (Percent of adolescents, 12 through 17, with a preventive medical visit in the past year)



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PRIORITY 5
CROSS-CUTTING/LIFE COURSE

Professionals have the knowledge and skills to address the needs of maternal and child health populations

- OBJECTIVE 5.1** Build MCH capacity and support the development of a trained, qualified workforce by providing professional development events at least four times each year through 2020.
- OBJECTIVE 5.2** Deliver annual training and education to ensure that providers have the ability to promote diversity, inclusion, and integrate supports in the provision of services or the Special Health Care Needs (SHCN) population into adulthood.
- OBJECTIVE 5.3** Increase the number of providers with capacity to provide mental health services/supports and trauma-informed care by 2020.
- OBJECTIVE 5.4** Implement collaborative oral health initiatives to expand oral health screening, education, and referral by 2020.

SPM Number of MCH grantees, families and partners that participated in a state sponsored workforce development event.



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PRIORITY 6 CYSHCN

Services are comprehensive and coordinated across systems and providers

- OBJECTIVE 6.1** Increase family satisfaction with the communication among their child's doctors and other health providers to 75% by 2020.
- OBJECTIVE 6.2** Increase the proportion of families who receive care coordination supports through cross-system collaboration by 25% by 2020.
- OBJECTIVE 6.3** 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 by 2020.



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PRIORITY 7
CROSS-CUTTING/LIFE COURSE

Information is available to support informed health decisions and choices

- OBJECTIVE 7.1** Increase the proportion of MCH grantees that provide health information education to clients to improve health decision making among women, pregnant women, children, adolescents, and children and youth with special health care needs annually.
- OBJECTIVE 7.2** Increase youth-focused and youth-driven initiatives to support successful transition, self-determination, and advocacy by 2020.
- OBJECTIVE 7.3** Incorporate information regarding changes to the health care system into existing trainings and technical assistance by 2020.
- OBJECTIVE 7.4** Increase opportunities to empower families and build strong MCH advocates by 2020.

SPM

Percent of adults who report that it is somewhat difficult or very difficult to understand information that doctors, nurses and other health professionals tell them