TITLE V IN KANSAS

MCH 2021-2025

What is Title V?

Title V of the Social Security Act commits federal support to states to ensure adequate health services for women, infants, children, and families. Enacted by Congress in 1935, it is the nation's longest standing public health legislation and is one of the largest block grant programs managed by the federal government.

The Kansas Department of Health and Environment Bureau of Family Health administers the Title V Maternal and Child Health (MCH) Services Block Grant. The Kansas MCH program works to implement policies and programs to improve the lives of women and children in collaboration with many stakeholders, including the Family Advisory Council (FAC) and the multi-disciplinary Kansas MCH Council. The FAC provides the families of those served through the MCH program the opportunity to be partners in decision-making at all levels. The MCH Council is an advisory body with representatives from both the public and private sectors – including consumers and family members -- that monitors the progress of the MCH program and develops recommendations to address specific needs for populations.

Each year, the Kansas MCH program contracts with partner organizations such as local health departments, Federally Qualified Health Centers (FQHCs), and other local service agencies to provide community-based, family-centered MCH services, including services for children with special health care needs.

KANSAS MATERNAL & CHILD HEALTH

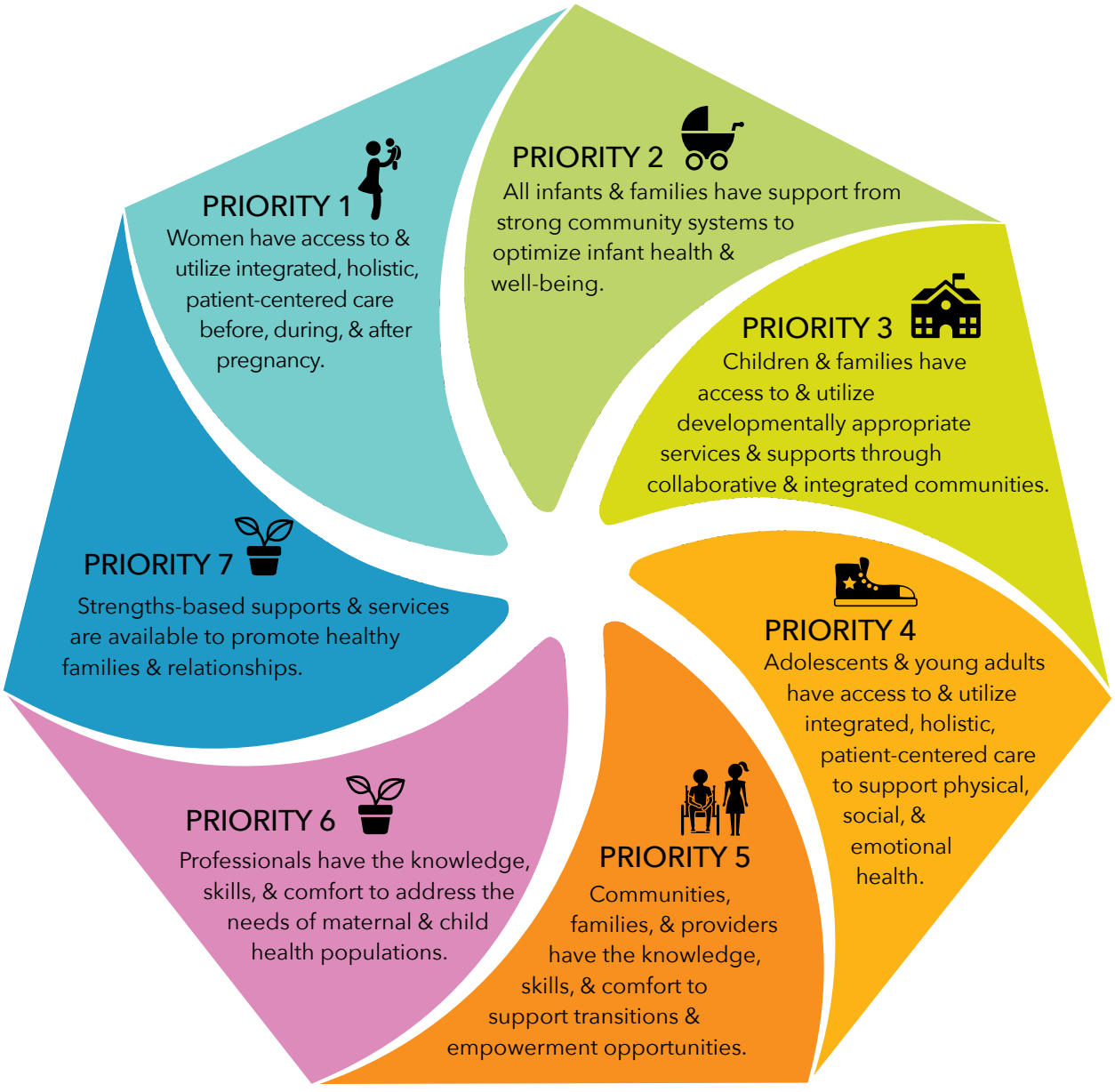
Kansas Department of Health and Environment

KU THE UNIVERSITY OF KANSAS

MCH Services in Kansas

MCH services in Kansas are guided by a five-year State Action Plan (2021-2025), which:

- Reflects the input and needs of partners from across the state including state agencies, MCH providers, families and consumers, and members of the public;
- Aligns with the MCH legislation, mission and vision, and performance measure framework; and
- Addresses seven priorities that span the five population domains of Title V, and a sixth cross-cutting/systems building domain.



MCH DOMAINS

WOMEN & MATERNAL | PERINATAL & INFANT | CHILD | ADOLESCENT | CSHCN | CROSS-CUTTING SYSTEMS BUILDING

Improving the health of MCH populations

The following pages describe some of the "bright spots" (organized by MCH domain) in the health of women, infants, children, and youth (including children with special health care needs. Current program goals are also noted, as are some of the challenges the MCH program and its partners face in improving health for the populations they serve. For more information on the MCH program in Kansas, visit: www.kansasmch.org

Information for this summary is based on the Kansas 2021-2015 Statewide Maternal and Child Health Needs Assessment & Action Plan. To view the full report, go to kdheks.gov/c-f/mch.htm. The data cited in this document are 2017, unless otherwise noted.

Who is Served?

In 2018, the Kansas MCH program provided direct services to over 34,000 women, infants, children, and youth. The impact of Kansas MCH is much broader, however, through collaborative efforts to align systems, assist in the development of capacity and infrastructure, and foster innovation.

Approximately 43% of those served by the Kansas MCH program are insured by Medicaid/CHIP, and another 24% do not have insurance coverage.

Just over half (54%) of those receiving services are non-Hispanic whites. Hispanics comprise another 30% of those served, while non-Hispanic Blacks represent almost 8% of the MCH client population.

DOMAIN Women and Maternal

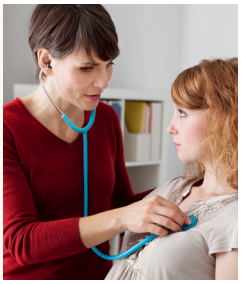
Priority One: Women have access to and utilize integrated, holistic, patient-centered care before, during, and after pregnancy.

The Kansas MCH program provides women with comprehensive services including prenatal care, home visiting, preventive screening for conditions like depression, and public health education.

What will success look like?

A higher percentage of Kansas women will...

- have annual well-woman visits.
- receive comprehensive screenings at well-woman visits (tobacco use, substance abuse, mental health, intimate partner violence, pregnancy intention, social determinants of health).



Brightspots

81%
of pregnant women receive prenatal care in the first trimester (near the Healthy People 2020 goal of 85%).[1]

Since 2012
2%
DECREASE
in tobacco use among pregnant women.*[2]

Kansas

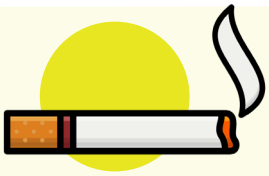
*with positive trends among nearly all demographic groups.

88%
of women, ages 18 to 44 years report their health is good, very good, or excellent.[1]

Challenges

<2 in 3 women
(age 18 to 44 years) have had a preventive medical visit in the last year.[1]

Almost
one in four
MCH program participants (24%) screened for postpartum depression and anxiety, were considered high risk (a score >10) on the Edinburgh Postpartum Depression Scale.[3]



While rates of smoking during pregnancy are decreasing overall, the disparity between pregnant women with Medicaid coverage who smoke (23%) and pregnant women not on Medicaid who smoke (4%) is dramatic.[2]

Spotlight on Disparity

37% of White
(non-Hispanic) pregnancies were unintended.[4]

64% of Black
(non-Hispanic) pregnancies were unintended.[4]

1 Behavioral Risk Factor Surveillance Survey (BRFSS). Kansas Department of Health and Environment (KDHE) and the Centers for Disease Control and Prevention (CDC).
2 Kansas birth data (resident). KDHE Bureau of Epidemiology and Public Health Informatics.
3 Analysis of DAISEY records (2018).
4 Kansas Pregnancy Risk Assessment Monitoring System (PRAMS). KDHE.

DOMAIN Perinatal and Infant

Priority Two: All infants and families have support from strong community systems to optimize infant health and well-being.

The Kansas MCH program provides breastfeeding support, safe sleep education, and empowers families to make educated choices about infant health and well-being.

What will success look like?

A higher percentage of…

- caregivers will utilize safe sleep practices when putting their infants to sleep.
- newborns will be exclusively breastfed for at least six months, and racial disparities will be significantly reduced/eliminated.

Brightspots

98% of Kansas infants had a well-baby checkup.[2]

Safe sleep has been an important MCH issue. The Kansas Infant Death and SIDS Network provides training to more than 4,500 parents and providers each year. The rate of sleep-related Sudden Unexpected Infant Deaths (SUID) has been trending downward in the state.[1]

Nearly nine in 10 infants were ever breastfed.[3]

The percentage of Kansas infants who were breastfed exclusively for 6 months (34%) is the 11th highest in the U.S.[4]

Challenges

8% of **Black babies** on WIC are breastfed exclusively for six months[5]

compared to

16% of **white babies** on WIC breastfed exclusively for six months[5]

Far too few infants are placed to sleep on a separate, approved sleep surface (37.3%) and/or are placed to sleep without soft objects or loose bedding (44.3%).[2]

120 infants are diagnosed each year with neonatal abstinence syndrome (what happens when babies are exposed to drugs in the womb). This rate has been increasing.[6]

Spotlight on Disparity

The infant mortality rate of Black infants is twice that of White Infants (11.3 vs. 5.4 deaths per 1,000 live births). There are also disparities by educational attainment and insurance status.[1]

1 Kansas birth and death data (resident). KDHE Bureau of Epidemiology and Public Health Informatics.
2 PRAMS. KDHE.
3 Kansas birth data (resident). KDHE Bureau of Epidemiology and Public Health Informatics.
4 National Immunization Survey (NIS). CDC.
5 KWIC database. KDHE Bureau of Family Health Nutrition and WIC Services.
6 Kansas hospital discharge data (resident). KDHE Bureau of Epidemiology and Public Health Informatics.

DOMAIN Child

Priority Three: Children and families have access to and utilize developmentally appropriate services and supports through collaborative and integrated communities.

The Kansas MCH program works to promote screenings, access to preventive care, and comprehensive connections to services and early intervention to positively impact the health and well-being of Kansas children.

What will success look like?

In Kansas…

- children under three years of age will be regularly screened for developmental delays.
- all children will have an annual well-child visit.

Brightspots

The percent of Kansas children who are in poverty has decreased (age 0-18 years) from 18.4% in 2013 to 14.8% in 2017.[1]

Seven in 10 children between 19 and 35 months of age have completed the recommended combined seven-vaccine series.[2]

91% children are in very good or excellent health.[3]

Challenges

48% of children (age 3 to 17 years) with a mental or behavioral health condition do not receive counseling or treatment for their condition.[3]

About three out of four children are not physically active at least 60 minutes a day, (age 6 to 11 years), one of the contributing factors to a high percentage (32%) of overweight/obesity in children age 10 to17 years.[3]

38% of children (age 9 to 35 months) received a developmental screening using a parent-completed screening tool in the past year.[3]

Spotlight on Disparity

Obesity in children (age 10 to 17 years) Trending upward in both populations.[3]

Hispanic 22%

White 12%

1 U.S. Census Bureau Small Area Income and Poverty Estimates (SAIPE).
2 National Immunization Survey (NIS). CDC.
3 National Survey of Children's Health (NSCH), 2016-2017 combined. Health Resources and Services Administration (HRSA).

DOMAIN Adolescent

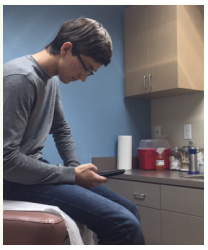
Priority Four: Adolescents and young adults have access to and utilize integrated, holistic, patient-centered care to support physical, social, and emotional health.

The Kansas MCH program offers adolescents health education on an array of topics (healthy relationships, teen pregnancy, tobacco use, safe driving, anxiety and depression); provides mental health supports through counseling, anti-bullying programs, and teen suicide prevention initiatives; and supports adolescents with college and career planning.

What will success look like?

A higher percentage of…

- adolescents will have annual well visits.
- teens and young adults will be screened for mental health conditions by their primary care providers, and provided treatment and referrals when indicated.



Brightspots

78% of adolescents had a preventive medical visit in the last year.[1] (age 12 to 17 years)

The teen birth rate decreased significantly from 14.6 in 2013 to 9.5 in 2017 (births per 1,000 teens, age 15 to 17 years).[2]

Nine in 10 adolescents received at last one dose of the Tdap vaccine.[3] (age 13 to 17 years)

Challenges

The adolescent suicide rate increased (per 100,000) from 13.2 in 2013 to 14.5 in 2017, and is trending up faster among females.[4]

25% of adolescents (age 12 to 17 years) are bullied.*[1]

16% of adolescent girls (grades 9 to 12) experienced sexual dating violence.*[5]

*Kansas' numbers are higher than national statistics

Eight in 10 adolescents are not physically active 60 or more minutes a day. This is reflected in a high percentage (28%) of adolescents in grades 9 to 12 who are overweight or obese.[5]

Spotlight on Disparity

Well visits for adolescents in the last year, age 12 to 17 years.[1]

59% Hispanic

82% White

1 National Survey of Children's Health (NSCH), 2016-2017 combined. Health Resources and Services Administration (HRSA).

2 U.S. Census Bureau. Population Estimate, Bridged-Race Vintage data set; KDHE Bureau of Epidemiology and Public Health Informatics. Kansas birth data (resident)

3 National Immunization Survey (NIS). CDC.

4 U.S. Census Bureau. Population Estimate, Bridged-Race Vintage data set; KDHE Bureau of Epidemiology and Public Health Informatics. Kansas death data (resident)

5 Youth Risk Behavior Surveillance System (YRBSS). CDC.

DOMAIN Children with Special Healthcare Needs

Priority Five: Communities, families, and providers have the knowledge, skills, and comfort to support transitions and empowerment opportunities.

Title V promotes holistic care coordination to assure access to necessary services for children with special health care needs (CSHCN) and their families. Specifically, Title V focuses on coordination of health and community services, access to primary and specialty care services, and building quality systems of care for CSHCN.

What will success look like?

A higher percentage of…

- adolescents (with and without special health care needs) will receive the services necessary for them to transition to adult health care.
- youth with special health care needs (age 12 to 21) will achieve one or more of the transition goals on their action plan in a timely fashion.

Brightspots

Half of children have a medical home.
There was no significant difference between CSHCN (46%) and children without (52%).[1]

66% of Kansas CSHCN (age 3 to 17 years) with a mental/behavioral health condition receive treatment or counseling (a higher percentage than for the population as a whole).[1]

Holistic Care Coordination is offered to all families who have a child who qualifies for the CSHCN program. Also, free Systems Navigation training is offered for families with a special needs child.

Challenges

49%
of CSHCN (age 6 through 17 years) have been bullied, picked on, or excluded (compared to 39% for the U.S.).[1]

16% of adolescents with SHCN,
(age 12 through 17) receive the services necessary to make transitions to adult health care.[1]

66%
of CSHCN receive effective care coordination (compared to 81% of non-CSHCN).[1]

Spotlight on Disparity

Two in Five CSHCN had two or more adverse childhood experiences (compared with 16% of non-CSHCN).[1]

1 National Survey of Children's Health (NSCH), 2016-2017 combined. Health Resources and Services Administration (HRSA).

DOMAIN Cross-Cutting and Systems Building

Priority Six: Professionals have the knowledge, skills, and comfort to address the needs of maternal and child health populations.

The Kansas MCH program is committed to building effective, integrated, high-quality systems of care for the populations it serves. System-building priorities for the program will focus extensively on workforce development with an emphasis on approaches to services and care that are trauma-informed, integrate the social determinants of health, and address the holistic (behavioral health and physical health) needs of clients and their families.

What will success look like?

Increased knowledge/skill levels of…

- mental health, trauma-informed care, and cultural competency for MCH staff.
- competent, well-trained MCH professionals with necessary experience, knowledge, and skills are accessible to MCH populations across the state to assist in meeting their health needs.

Brightspots

Kansas MCH staff feel supported and engaged in their work (based on responses to the national Public Health Workforce Interests and Needs Survey).

91%
"I feel completely involved in my work."[1]

90%
"I am satisfied that I have the opportunities to apply my talents and expertise."[1]

85%
"My supervisor and I have a good working relationship."[1]

The MCH program is committed to enhancing the availability of care.

Challenges

Shortages of health professionals to serve MCH populations[2] exist in the areas of:

- Obstetrics & gynecology
- Pediatricians (general & specialists)
- Mental health & substance abuse treatment professionals
- Dental professionals

The MCH workforce does not reflect the racial and ethnic diversity of MCH clients.[2]

13% Hispanic **staff**

+30% Hispanic **clients**

40% of MCH workforce is "graying" (age 50 or older).[2]

Spotlight on Disparity

MCH providers assessment score for cultural competency were much lower for skills than for knowledge.[3]

1 Public Health Workforce Interests and Needs Survey, 2017 Findings. Association of State and Territorial Health Officials and the de Beaumont Foundation.

2 Kansas MCH Needs Assessment (data collected Fall 2019 – Spring 2020 by the Kansas University Center for Public Partnerships and Research)

3 MCH Navigator Kansas Workforce Snapshot (based on 2017-2019 self-assessment results). National Center for Education in Maternal and Child Health, Georgetown University.

DOMAIN Cross-Cutting & Systems Building

Priority Seven: Strengths-based supports and services are available to promote healthy families and relationships.

The Kansas MCH Program provides opportunities for meaningful engagement, partnership, and leadership to families and consumers at varying levels of involvement and intensity to fit the needs of these populations. A goal of the program is to further develop family and consumer partnerships across all population domains by working even harder to ensure buy-in from those directly affected by systemic changes and assuring the consumer and family voice is central to programming, initiatives, and special projects.

What will success look like?

Increased...

- utilization of care coordination by MCH client families
- Title-V peer support networks
- participation of consumers and families, including youth, in MCH leadership development efforts

Brightspots

"Supporting You,"
a peer-to-peer support network.
Plans to expand this initiative are underway.

Kansas's leadership in family engagement.

MCH worked with other state leaders to create the Family Engagement and Partnership Standards for Early Childhood. These guidelines outline ways to encourage families to engage in their children's growth and create positive lifelong outcomes.

Elevating parent voices.

A parent member of the Family Advisory Council has taken on an expanded role with the MCH program, providing care coordination to CSHCN and their families and also serving as the Peer Support Administrator for "Supporting You."

Challenges

17% of clients disagreed

"I have opportunities to learn about families that are different from mine."[1]

10% of clients disagreed

"Staff members have invited other people in my family to participate in services or activities."[1]

5%-10% of staff disagreed

with the following statements[2]:

"I facilitate opportunities for families to build relationships with other families."

"I recognize and affirm families' strengths."

Spotlight on Disparity

Families of CSHCN are not as likely to know they have strengths to draw on when they face problems.[3]

CSHCN	Non-CSHCN
39%*	58%

1 Public Health Workforce Interests and Needs Survey, 2017 Findings. Association of State and Territorial Health Officials and the de Beaumont Foundation.

2 Kansas MCH Needs Assessment (data collected Fall 2019 – Spring 2020 by the Kansas University Center for Public Partnerships and Research)

3 MCH Navigator Kansas Workforce Snapshot (based on 2017-2019 self-assessment results). National Center for Education in Maternal and Child Health, Georgetown University.

* Note: the confidence interval for CSHCN exceeds 20 percentage points and therefore may not be reliable.