



KANSAS  
MATERNAL &  
CHILD HEALTH

# Kansas Maternal & Child Health Council

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JULY 22, 2020 MEETING



# Welcome Recognize New Members & Guests

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KARI HARRIS, MD, MCH COUNCIL CHAIR



# Title V MCH Block Grant Application & Action Plan Updates

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HEATHER SMITH

# Title V 2021-2025 Priorities



## Women/Maternal Health

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



## Perinatal/Infant Health

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



## Child Health

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



## Adolescent Health

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



## Children with Special Health Care Needs

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



## Cross-Cutting #: MCH Workforce

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



## Cross-Cutting #2: Families

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

# National & State Performance Measures



## National Performance Measures (NPMs)

- **NPM 1:** Well-woman visit (Percent of women, ages 18-44, with a preventive medical visit in the past year)
- **NPM 5:** Safe Sleep (Percent of infants placed to sleep; (A) on their backs; (B) on separate sleep surface; and (C) without soft objects and loose bedding)
- **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 10:** Adolescent well-visit (Percent of adolescents, 12 through 17, with a preventive medical visit in the past year)
- **NPM 12:** Transition: Percent of adolescents with and without special health care needs, ages 12-17, who received services necessary to make transition to adult health care

## State Performance Measures (SPMs)

- **SPM 1:** Postpartum Depression (Percent of women who have recently given birth who reported experiencing postpartum depression following a live birth)
- **SPM 2:** Breastfeeding (Percent of infants breastfed exclusively through 6 months)
- **SPM 3:** Percent of participants reporting increased self-efficacy in translating knowledge into practice after attending a state sponsored workforce development event
- **SPM 4:** Percent of children whose family members know all/most of the time they have strengths to draw on when the family faces problems

# Kansas Maternal & Child Health Partner

## We need your feedback!

As part of the Title V Maternal & Child Health (MCH) Services Block Grant Federal-State partnership, Kansas is required to make our annual application and report available to the public for the purpose of gathering input. We have created an online survey to collect information, opinions and perspectives from consumers and partners across the state. As a key partner informed of and concerned about the needs of MCH populations, services and resources we invite you to share your input. Find more information online at:

[www.kdheks.gov/bfh](http://www.kdheks.gov/bfh) or [www.kansasmch.org](http://www.kansasmch.org)

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

**Take the survey here:**

<https://www.surveymonkey.com/r/62Z65VZ>

The survey will open for public input on July 20 and close on August 14, 2020.



# FFY2021 Title V MCH Block Grant

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- Release/Writing: April
- Public input period: July 20 – August 14
- 2021 Application/2019 Annual Report Due: September 15  
*(KS goal is to submit by September 1<sup>st</sup>)*
- FINAL Plan & Annual Report Released: upon submission
- **Federal Title V Block Grant Review: November 18**
- Application & Annual Report Re-submit: No re-submission in 2020
- Final publications and resources published: October 2020
- Access: [www.kdheks.gov/bfh](http://www.kdheks.gov/bfh) or [www.kansasmch.org](http://www.kansasmch.org)

*\*\*This year, we are officially launching the new 2021-2025 State Action Plan, upon completion of the 5-Year Needs Assessment.*

# Published Links/Documents



**Kansas**  
Department of Health and Environment

AD ASTRA PER ASPERA

Laura Kelly, Governor  
Lee A. Norman, M.D., Secretary

Home Public Health Environment Health Care Finance Laboratories News

Bureau of Family Health (BFH)

Facebook Twitter Instagram LinkedIn YouTube RSS

## Family Health

A to Z Topic Listing

ENHANCED BY

The Title V Block Grant plays a key role in the provision of maternal and child health services. Check out the [Executive Summary](#) to learn more.

**Request for Public Input**

**DRAFT Title V Maternal & Child Health Services Block Grant 2021 Application/2019 Annual Report (297 pages)**

[Provide Feedback via Online Survey](#)

[Click here for assistance with the survey.](#)

**Deadline for Public Input: August 14, 2020**

*In accordance with federal requirements, KDHE must collect public input on the Title V Application and Annual Report prior to submission annually. The Block Grant is funded through the Maternal and Child Health Bureau (MCHB) in the Health Resources and Services Administration (HRSA), US Department of Health & Human Services.*

1000 SW Jackson, Suite 220  
Topeka, Kansas 66612-1274

*Mission: Provide leadership to enhance the health of Kansas women and children through partnerships with families and communities.*

### Child Care Licensing

- Child Care Licensing Paper Applications and Forms
- Child Care Licensing Regulation Books
- Search for Licensed Child Care Program Inspection

### Children & Families

- Maternal and Child Health Block Grant
- Perinatal Community Collaboratives
- Child and Adolescent Health Services

### Links

- 2020 MCH Statewide Needs Assessment
- 2020 Maternal & Child Health (MCH) Block Grant Application
- 2014 MCH Biennial Summary
- Adolescent Health Needs Assessment
- Life Course Indicators Report
- Preconception Health Report
- Bureau of Family Health Staff Directory
- Child/Adult Care Food Program
- Child Care Aware of KS
- Child Care Licensing County Contacts
- Child Welfare Information Gateway
- Children's Alliance
- Consumer Product Safety Commission
- Domestic/Community Abuse
- Families Together
- Greater Kansas Chapter of the March of Dimes
- Health Resources and Services Administration Maternal and Child Health Bureau

<http://www.kdheks.gov/bfh>



# Published Links/Documents



KANSAS  
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Action Alerts



Title V MCH State  
Action Plan 2016-2020

Home

Domains

KMCH Council

Maternal Mortality

Resources

Contact

Request for Public Input: Title V MCH Block Grant

Find resources to prepare for and respond to coronavirus at the  
**KDHE COVID-19 Resource Center**

## Highlighted Interim Guidance and Resources During COVID-19

### KDHE Interim Guidance

- Maternal and Child Health Services in the Perinatal Period
- Facilities and Child Placing Agencies Licensed by the Kansas Dept for Children and Families, Foster Care Licensing and Background
- Child Care Facilities Licensed by KDHE
- Home Visiting Services

<http://www.kansasmch.org>

# KS Title V MCH Snapshot



DEPARTMENT OF HEALTH & HUMAN SERVICES - USA

**HRSA**  
Health Resources & Services Administration

Title V MCH Block Grant Program

**KANSAS**

State Snapshot

FY 2020 Application / FY 2018 Annual Report


November 2019

KANSAS TITLE V STATE SNAPSHOT | FY 2020 Application / FY 2018 Annual Report


**Percentage Served by Title V**

Population Served	Percentage Served	FY 2018 Expenditures
Pregnant Women	94.0%	\$2,635,084
Infants < 1 Year	100.0%	\$2,635,085
Children 1 through 21 Years	12.0%	\$4,575,606
CSHCN (Subset of all Children)	2.0%	\$3,589,910
Others *	3.0%	\$0

FY 2018 Expenditures  
Total: \$13,435,685



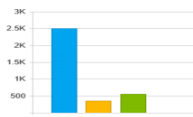
**FY 2018 Percentage Served**



\*Others- Women and men, over age 21.

**Communication Reach**

Communication Method	Amount
State Title V Website Hits:	2,500
State Title V Social Media Hits:	350
State MCH Toll-Free Calls:	550
Other Toll-Free Calls:	0



**Selected National Performance Measures**

Measure #	Measure Short Name	Reporting Domain(s)
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 14	Smoking	Women/Maternal Health

<https://mchb.tvisdata.hrsa.gov/>

\*\*FY2021 will not be available until late 2020 or early 2021 after HRSA publishes the updated versions based on the FY2021 Applications and FY2019 Annual Report submissions.

# Kansas MCH Facebook Page



The screenshot shows the Facebook profile for Kansas Maternal & Child Health. At the top, there is a navigation bar with the Facebook logo, a search bar, and a login section with fields for 'Email or Phone' and 'Password', and a 'Log In' button. Below the navigation bar is a cover photo featuring a collage of images: a woman holding a baby, a woman kissing a child, a child on a bicycle, a man in a wheelchair, and a group of people walking in a hallway. The profile picture is the Kansas MCH logo. The name 'Kansas Maternal & Child Health' and the handle '@kansasmch' are displayed. A left-hand navigation menu includes 'Home', 'About', 'Photos', 'Videos', 'Posts', 'Community', and a 'Create a Page' button. Below the navigation menu is a post titled 'Child Health Partner We need your feedback!' with a call to action to take a survey. To the right of the post is a photo of a woman holding a baby, with the caption 'ABOUT KANSAS MATERNAL & CHILD HEALTH'. Below this is a section for 'Our Mission' with the text 'The mission of Kansas Maternal and Child Health is to improve the health and well-being of Kansas mo...' and a 'See More' link. At the bottom, there is a 'Community' section with a 'See All' link.

<http://www.facebook.com/kansasmch>



# MCH Measurement Framework: Highlight on Trends

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LJ PANAS

# How is Kansas Doing?

*NOMs, NPMs & SPMs*



## Title V Outcome Measures and Performance Measures

Kansas Maternal and Child Health Services Block Grant  
2021 Application/2019 Annual Report



NOM#	National Outcome Measures	Medicaid Measures	2014	2015	2016	2017	2018	Trend	HP2020	Sources
1	Percent of pregnant women who receive prenatal care beginning in the first trimester	CMS								1
	All		80.0%	81.7%	80.8%	81.2%	81.0%	●	84.8%	
	Medicaid		70.5%	72.7%	70.2%	72.1%	71.7%	●		
	Non-Medicaid		84.8%	86.2%	85.8%	85.5%	85.3%	●		
2	Rate of severe maternal morbidity per 10,000 delivery hospitalizations (2016, 2017, 2018, 2019)		-	54.6	54.9	60.2	61.9	▲	-	2
3	Maternal mortality rate per 100,000 live births (5 year average, 2014-2018)		-	-	-	-	14.8	●	11.4	3
4	Percent of low birth weight deliveries (<2,500 grams)	CMS								1
	All		7.1%	6.9%	7.0%	7.4%	7.4%	▲	7.8%	
	Medicaid		8.5%	8.7%	8.8%	9.5%	9.9%	▲*		
	Non-Medicaid		6.3%	6.0%	6.1%	6.4%	6.4%	▲		
5	Percent of preterm births (<37 weeks gestation)	P4P								1
	All		8.7%	8.8%	9.1%	9.6%	9.5%	▲*	9.4%	
	Medicaid		10.0%	10.3%	10.8%	11.3%	11.4%	▲*		
	Non-Medicaid		8.1%	8.0%	8.3%	8.8%	8.6%	▲*		
6	Percent of early term births (37,38 weeks gestation)									1
	All		24.3%	24.1%	24.4%	25.6%	26.3%	▲*	-	
	Medicaid		26.1%	26.1%	26.7%	28.3%	28.4%	▲*		
	Non-Medicaid		23.4%	23.2%	23.3%	24.4%	25.3%	▲		
7	Percent of non-medically indicated early elective deliveries		5.0%	2.0%	1.0%	1.0%	1.0%	▼*	-	4

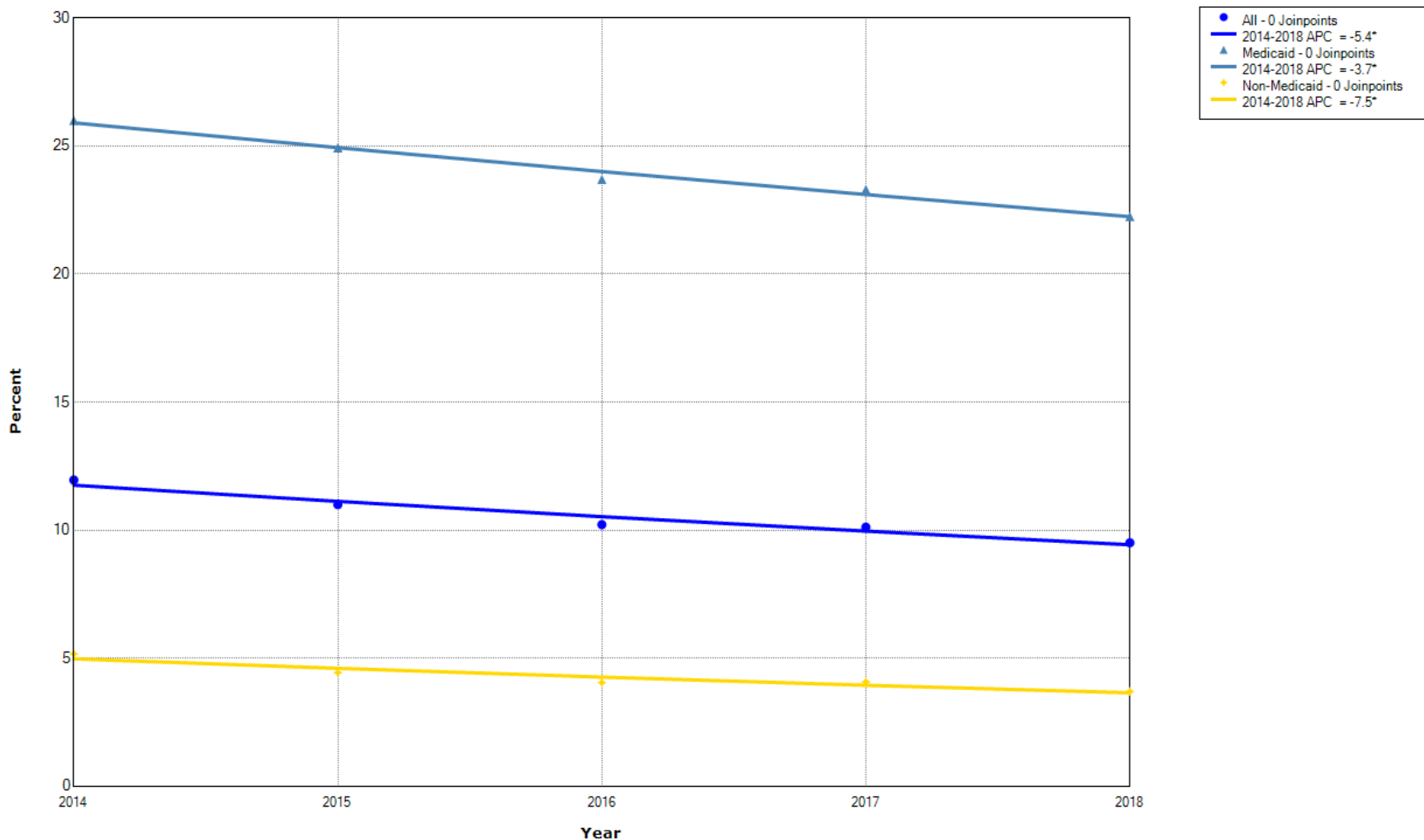


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# Positive Trends

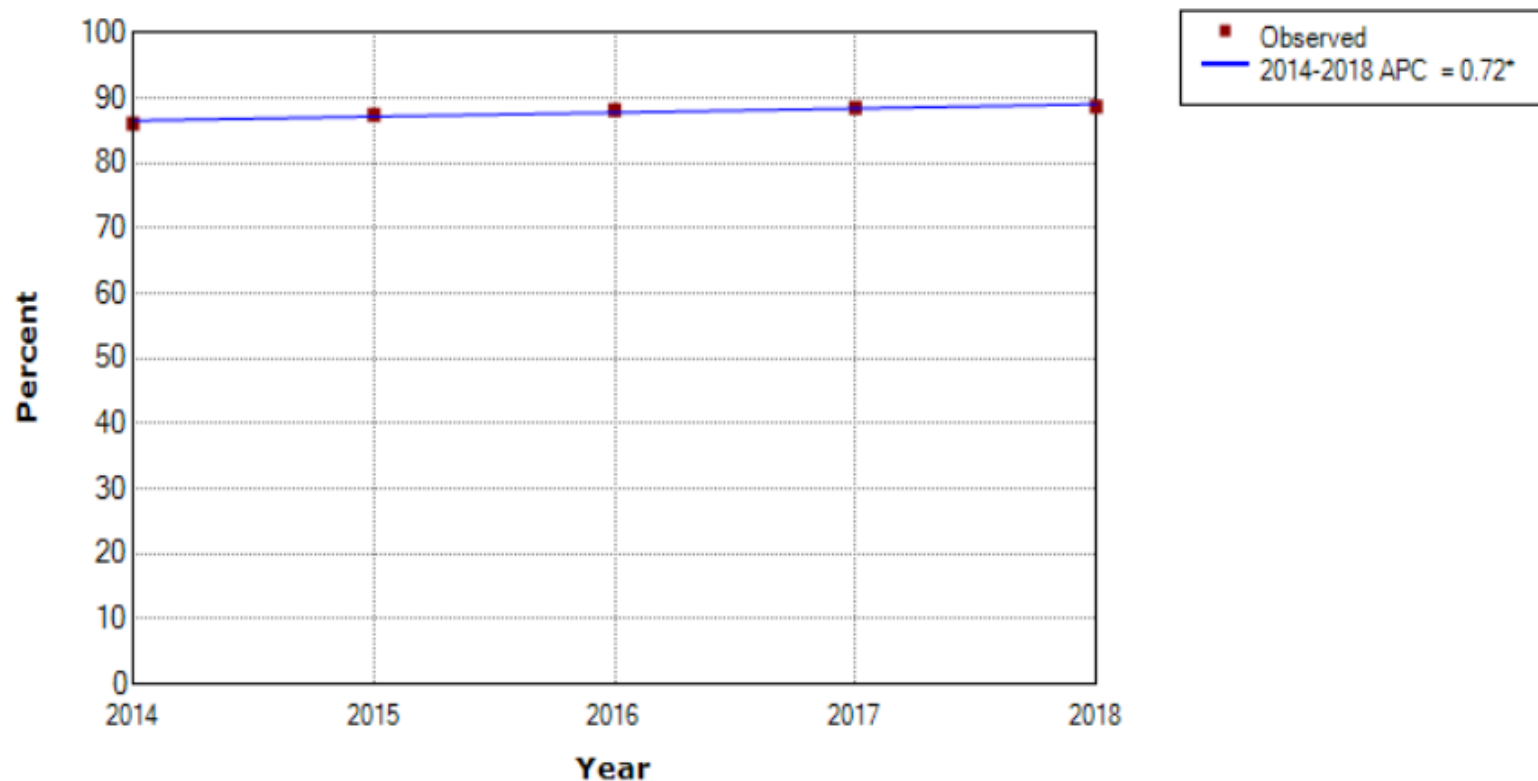
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# NPM 14.1: Percent of women who smoke during pregnancy



Source: Bureau of Epidemiology and Public Health Informatics, Kansas birth data (resident)

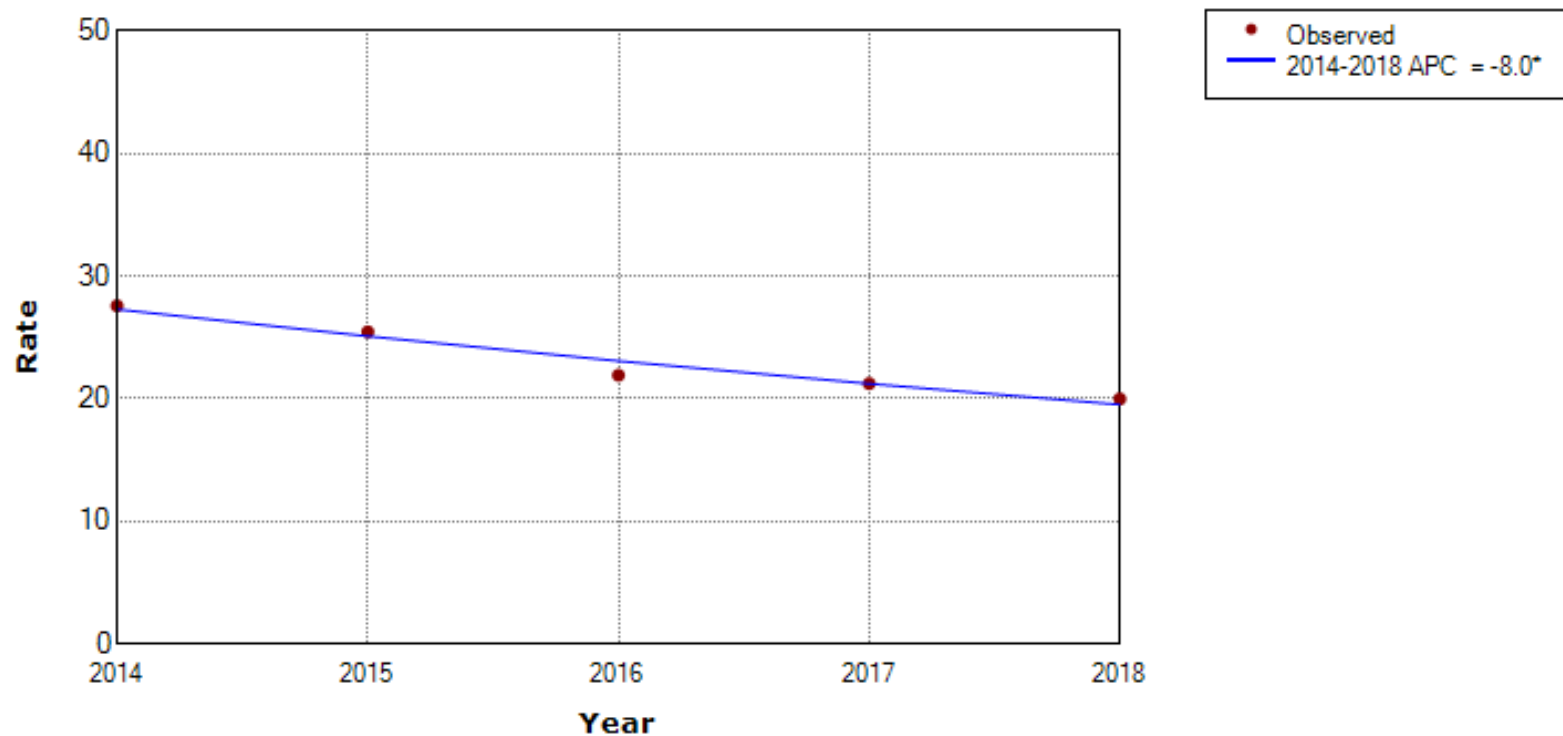
# NPM 4: Breastfeeding: A) Percent of infants who are ever breastfed



\* Indicates that the Annual Percent Change (APC) is significantly different from zero at the alpha = 0.05 level.  
 Final Selected Model: 0 Joinpoints.



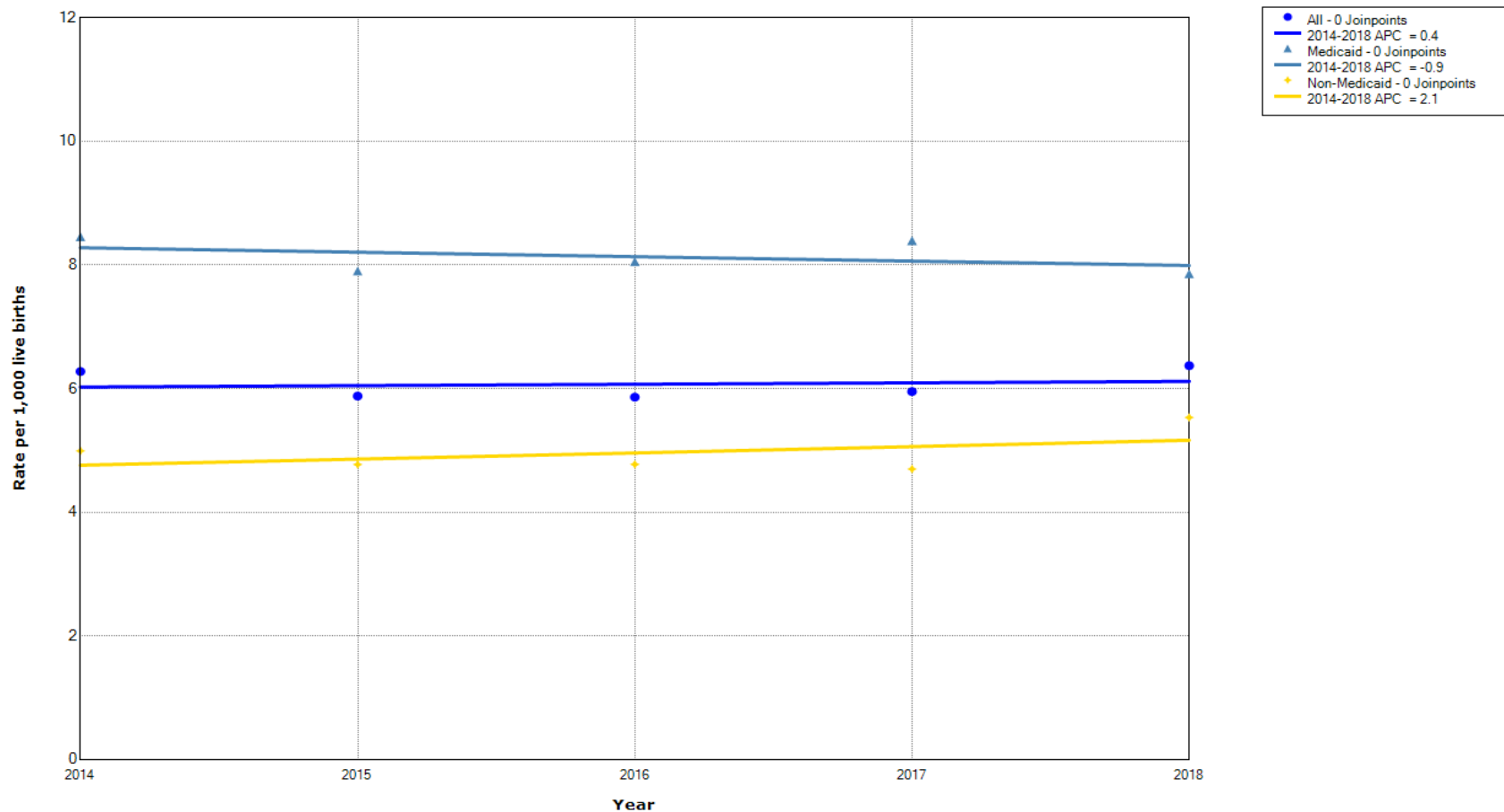
# NOM 23: Teen birth rate, ages 15 through 19, per 1,000 females



\* Indicates that the Annual Percent Change (APC) is significantly different from zero at the alpha = 0.05 level.  
 Final Selected Model: 0 Joinpoints.

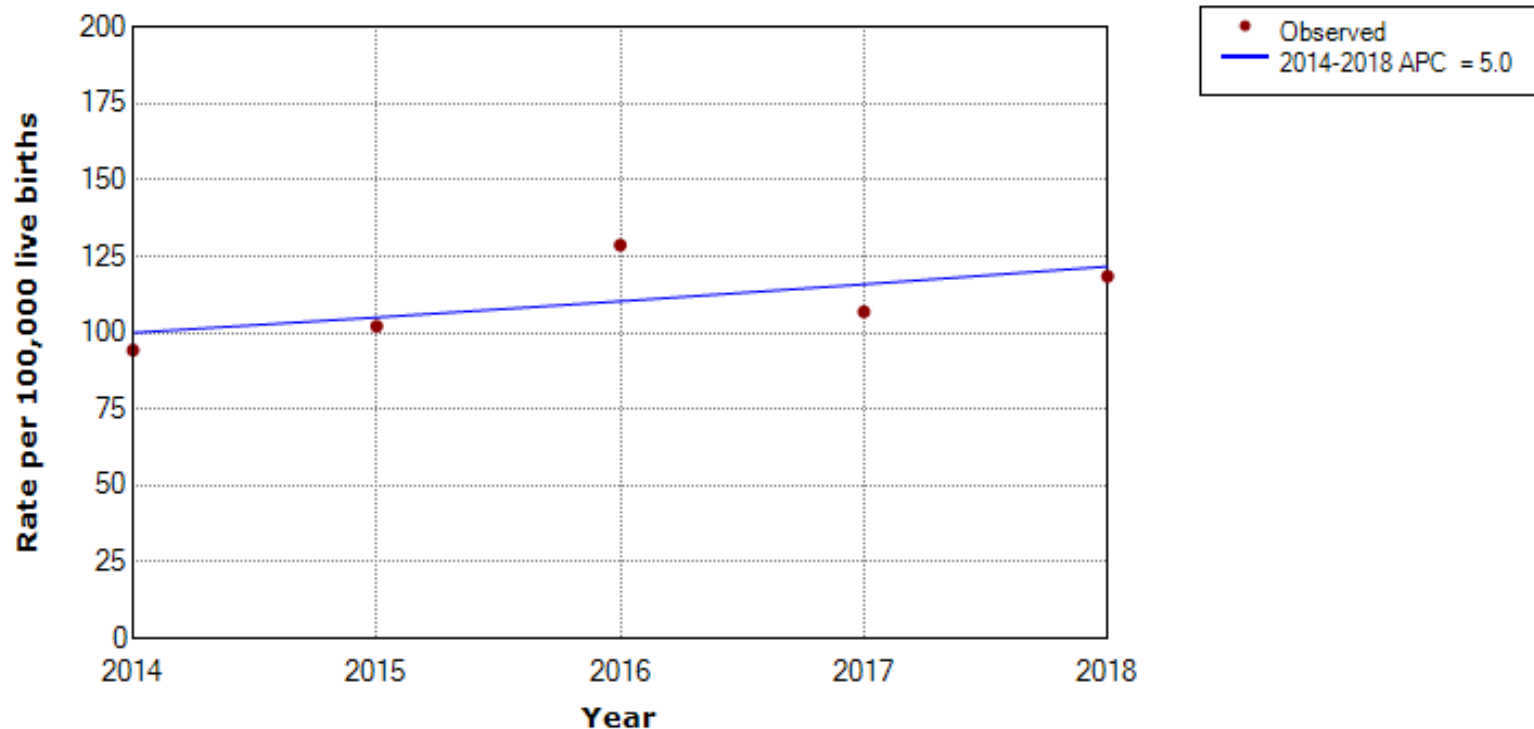
Sources: Bureau of Epidemiology and Public Health Informatics, Kansas birth data (resident); U.S. Census Bureau, Population estimate, bridged- Race Vintage data set

# NOM 9.1: Infant mortality rate per 1,000 live births Medicaid



Sources: Bureau of Epidemiology and Public Health Informatics, Kansas death and birth data (resident)

# SPM3/NOM 9.5: Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births (R95, R99, W75)



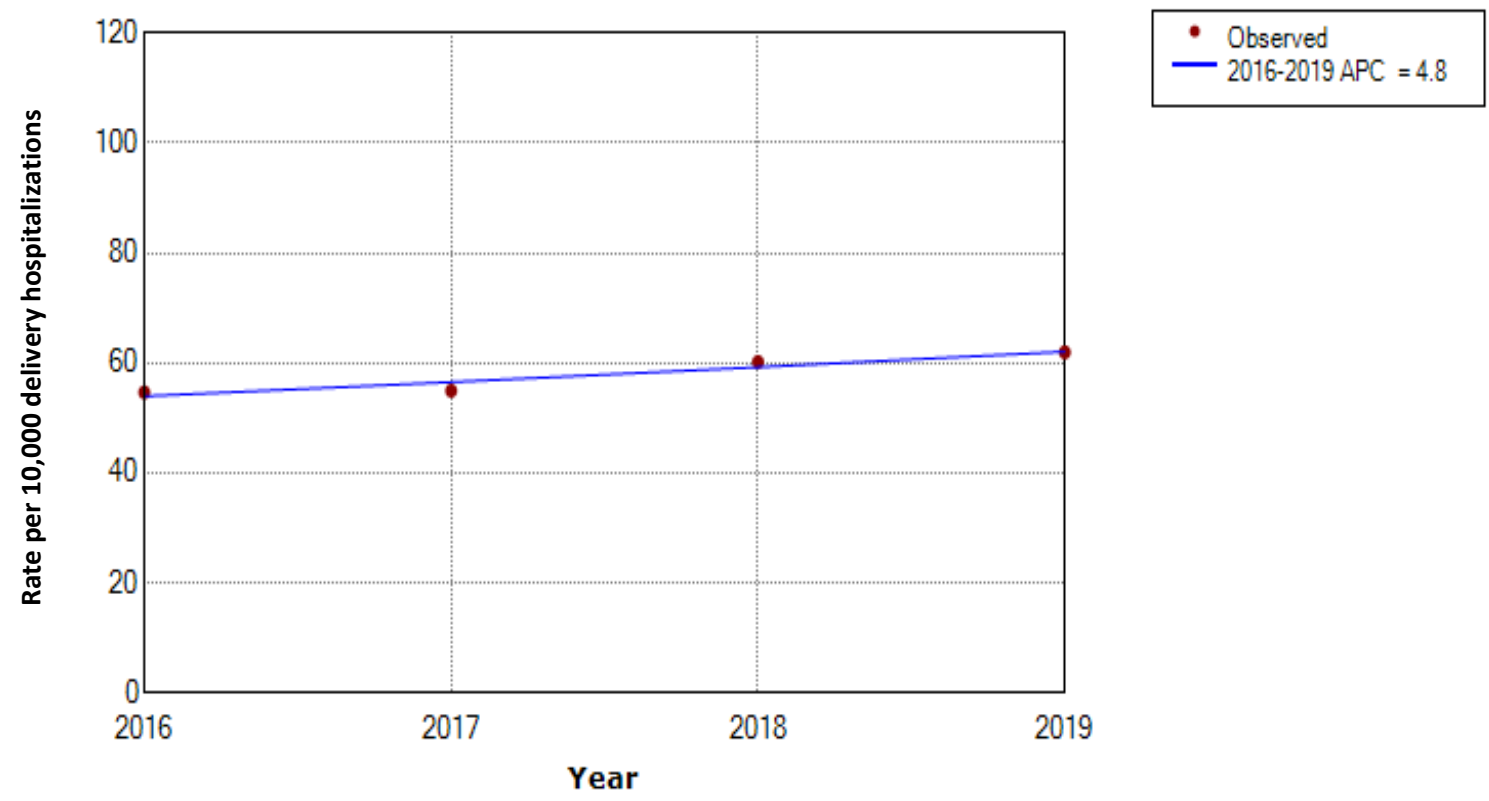
^ Indicates that the Annual Percent Change (APC) is significantly different from zero at the alpha = 0.05 level.  
Final Selected Model: 0 Joinpoints.



# Negative Trends

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# NOM 2: Rate of severe maternal morbidity per 10,000 delivery hospitalizations



^ Indicates that the Annual Percent Change (APC) is significantly different from zero at the alpha = 0.05 level.  
Source: Kansas Hospital Discharge Data (Resident)

## NOM 2: Rate of severe maternal morbidity per 10,000 delivery hospitalizations by maternal race/ethnicity, Kansas, 2016-2019



The SMM rate for non-Hispanic blacks were significantly higher than any other race and ethnicity.

Year	Non-Hispanic Black	Non-Hispanic White	Asian Pacific Islanders*	Hispanic
2016	115.9	52.1	*	45.7
2017	100.9	52.1	*	60.5
2018	86.6	53.1	*	80.4
2019	98.2	57.2	*	69.5
Total	100.4	53.6	58.3	63.7

Note: \*Counts less than 10 , therefore the corresponding rates are suppressed due to statistical reliability.

Source: Kansas Department of Health and Environment, Bureau of Epidemiology and Public Health Informatics, Kansas Hospital Discharge Data (Resident))

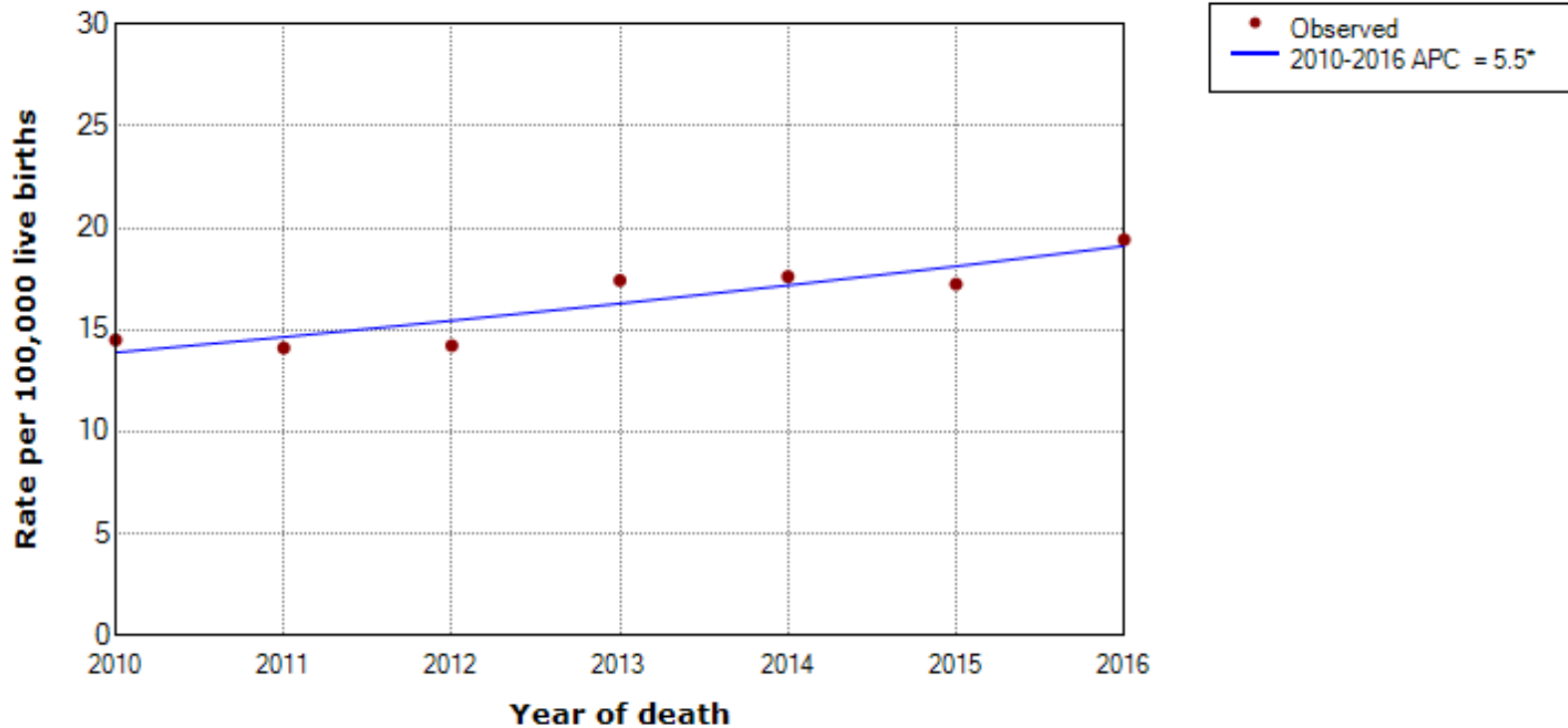
## NOM 3: Maternal mortality rate per 100,000 live births

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- Based on the new “2018” method, a total of **28 maternal deaths** (deaths during pregnancy or within 42 days after the end of pregnancy) were identified in Kansas in 2014-2018. The official Kansas maternal mortality rate reported by National Center for Health Statistics (NCHS) for 2014-2018 was **14.8 deaths per 100,000 live births**.
- Five-year estimate is provided to improve precision and reportability.
- Data notes: Maternal mortality data have not been included in final mortality report as official statistics since 2007, due to staggered implementation over time of the 2003 revised death certificate by states, which includes the use of a new checkbox to better identify maternal deaths. Growing evidence suggests the pregnancy status question may increase false reporting of recent pregnancy, especially with increasing age. As of 2018, implementation of the revised certificate, including its pregnancy checkbox, is complete for all 50 states (noting that California implemented a different checkbox than that on the U.S. Standard Certificate Death), allowing NCHS to resume the routine publication of maternal mortality statistics. NCHS has adopted a new method (to be called the 2018 method) for coding maternal deaths to mitigate these probable errors. **The 2018 method involves restricting use of the pregnancy checkbox to decedents aged 10-44.**

# CDC Pregnancy Mortality Surveillance System (PMSS): Trends in pregnancy-related mortality ratios, Kansas 2006-2016 (5-year rolling average)\*

\*Preliminary data – subject to change



\* Indicates that the Annual Percent Change (APC) is significantly different from zero at the alpha = 0.05 level.  
Final Selected Model: 0 Joinpoints.

Note: Five-year rolling average estimate is provided to improve precision and reportability; Year of death represents 5-year rolling average (i.e., 2010 represents 2006-2010, 2011 represents 2007-2011, etc.)

Source: Center for Disease Control and Prevention, Pregnancy Mortality Surveillance System. [Kansas occurrence data](#)



# Kansas Maternal Mortality Review Committee (KMMRC)\*



\*Preliminary data – subject to change

- Of the 54 identified deaths in 2016-2017, the KMMRC determined:
  - 40 (74%) deaths were pregnancy-associated
  - 14 (26%) were not pregnancy-related or -associated (false positives)
- Based on the KMMRC reviews and decisions on the 40 pregnancy-associated deaths:
  - 10 deaths (25%) were pregnancy-related
  - 21 (53%) deaths were pregnancy-associated but not related
  - 9 (22%) deaths were unable to determine the pregnancy-relatedness

# Kansas Maternal Mortality Review Committee (KMMRC)\*



\*Preliminary data – subject to change

- 40 Pregnancy-associated deaths, 2016-2017
  - Pregnancy-associated mortality ratio (PAMR) = **51.8 deaths per 100,000 live births in Kansas**
- 10 Pregnancy-related deaths, 2016-2017
  - Pregnancy-related mortality ratio (PRMR) = **12.9 per 100,000 live births in Kansas**

Note: Kansas currently reviews deaths based on occurrence in Kansas regardless of residency.

# Pregnancy-related deaths, Kansas 2016-2017\*



\*Preliminary data – subject to change

10 deaths were pregnancy-related deaths in 2016-2017.

- 5 (50%) of deaths occurred within 42 days of the end of pregnancy, 3 (30%) occurred during pregnancy, and 2 (20%) occurred 43 days to one year after the end of pregnancy
- Primary underlying causes of death were: 3 (30%) preeclampsia and eclampsia, 2 (20%) cardiovascular and coronary conditions, 2 (20%) embolism, 1 (10%) cardiomyopathy, 1 (10%) cerebrovascular accidents, 1 (10%) mental health conditions
- 9 (90%) of the 10 deaths could have been prevented with 6 (67%) good chance and 3 (33%) some chance
- Committee determinations on circumstances surrounding death were: 5 (50%) contributed to obesity, 3 (30%) to substance use disorder, 1 (10%) to mental health conditions, 1 (10%) to probably suicide

# Pregnancy-related deaths, Kansas 2016-2017\*



## \*Preliminary data – subject to change

- Racial and ethnic make-up was disproportionate with 6 (60%) women being racial and ethnic minorities and 4 (40%) non-Hispanic whites
- Two-thirds (60%) of deaths occurred between the ages of 25 and 34 years
- 6 (60%) in 10 women had attained a high school diploma or less education
- Less than half (40%) had private insurance while others were covered by Medicaid or unknown insurance status
- Majority (80%) were employed
- 9 (90%) had some level of prenatal care with 4 (44%) entering care in the first trimester

# Pregnancy-associated but not related, Kansas 2016-2017\*

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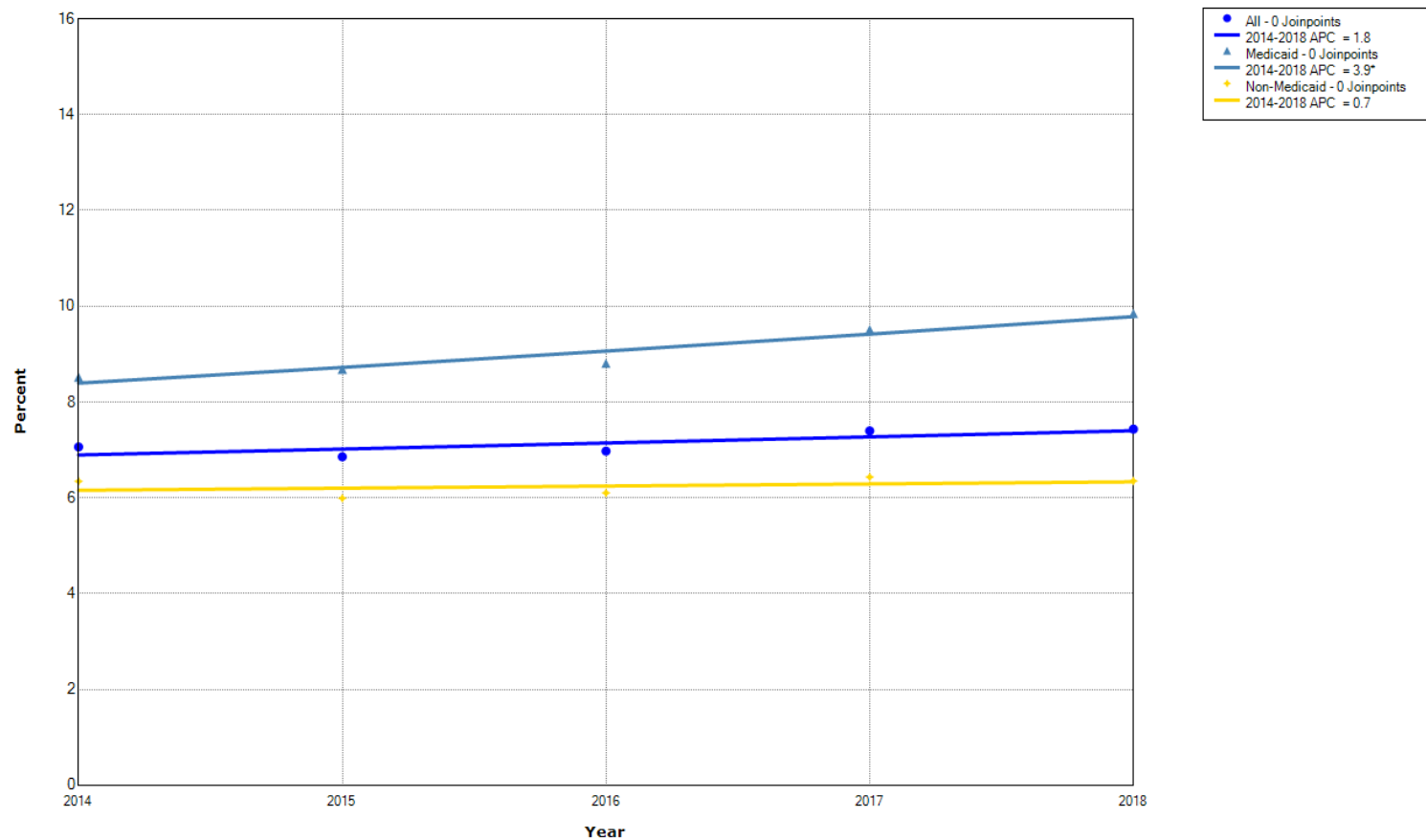
Preliminary data – subject to change

21 deaths were pregnancy-associated but not related, 2016-2017:

- 5 (24%) were the result of a motor vehicle accident. Frequently, the women were not wearing seat belts and were ejected from the vehicle. Deaths occurred during pregnancy and the postpartum period.

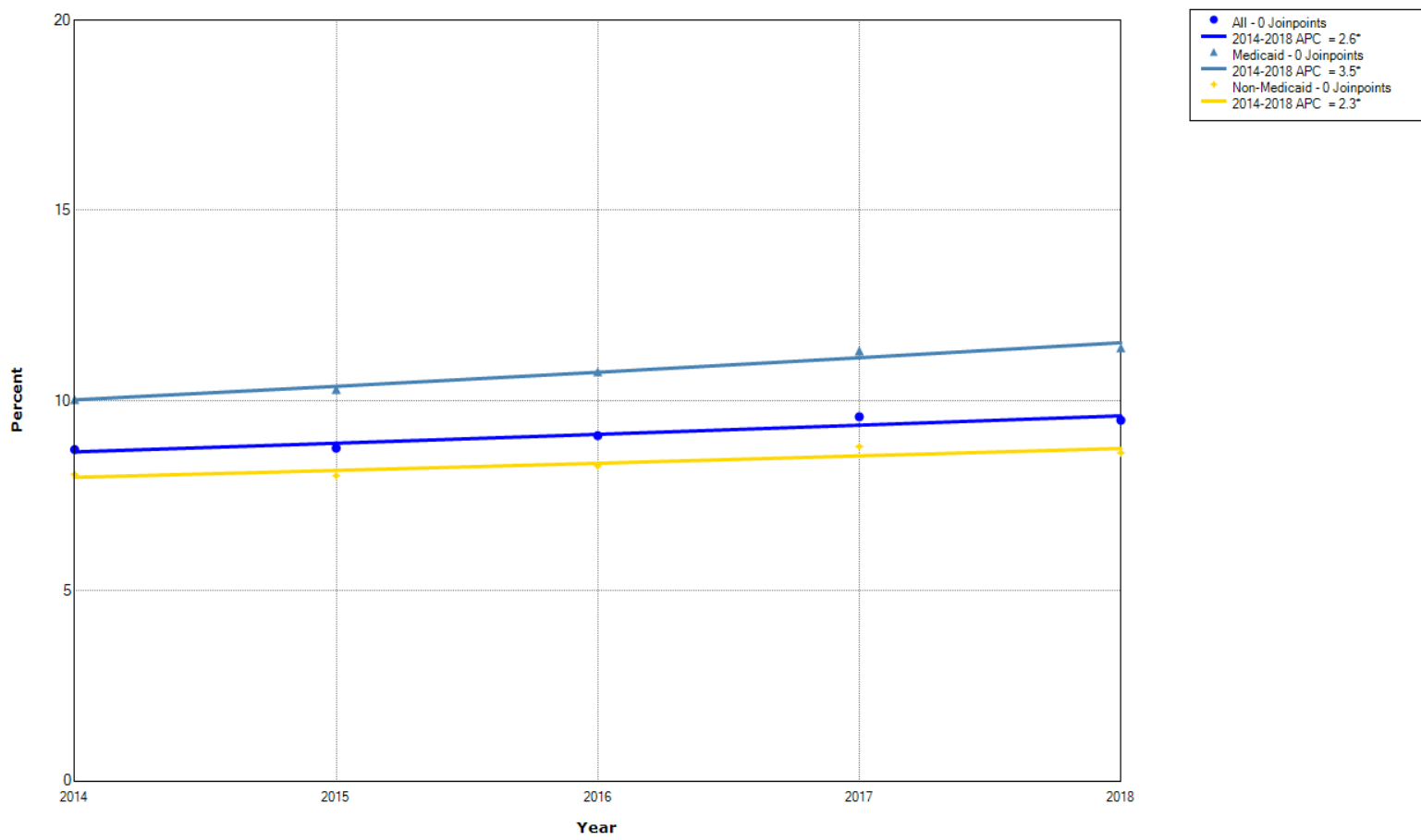
As of October 2019, a total of 37 pregnancy-associated deaths had been reviewed by the KMMRC. Approximately 36% (10 cases) of pregnancy-associated, but not related deaths (28 cases) were the result of a motor vehicle accident. **Action alert was created/issued.** The action alert can be found at: <https://kmmrc.org/action-alerts/> or <https://kmmrc.org/wp-content/uploads/2020/02/Final-MMR-Action-Alert-Seat-Belts-12-2019.pdf>

# NOM4: Percent of low birth weight deliveries (<2,500 grams)



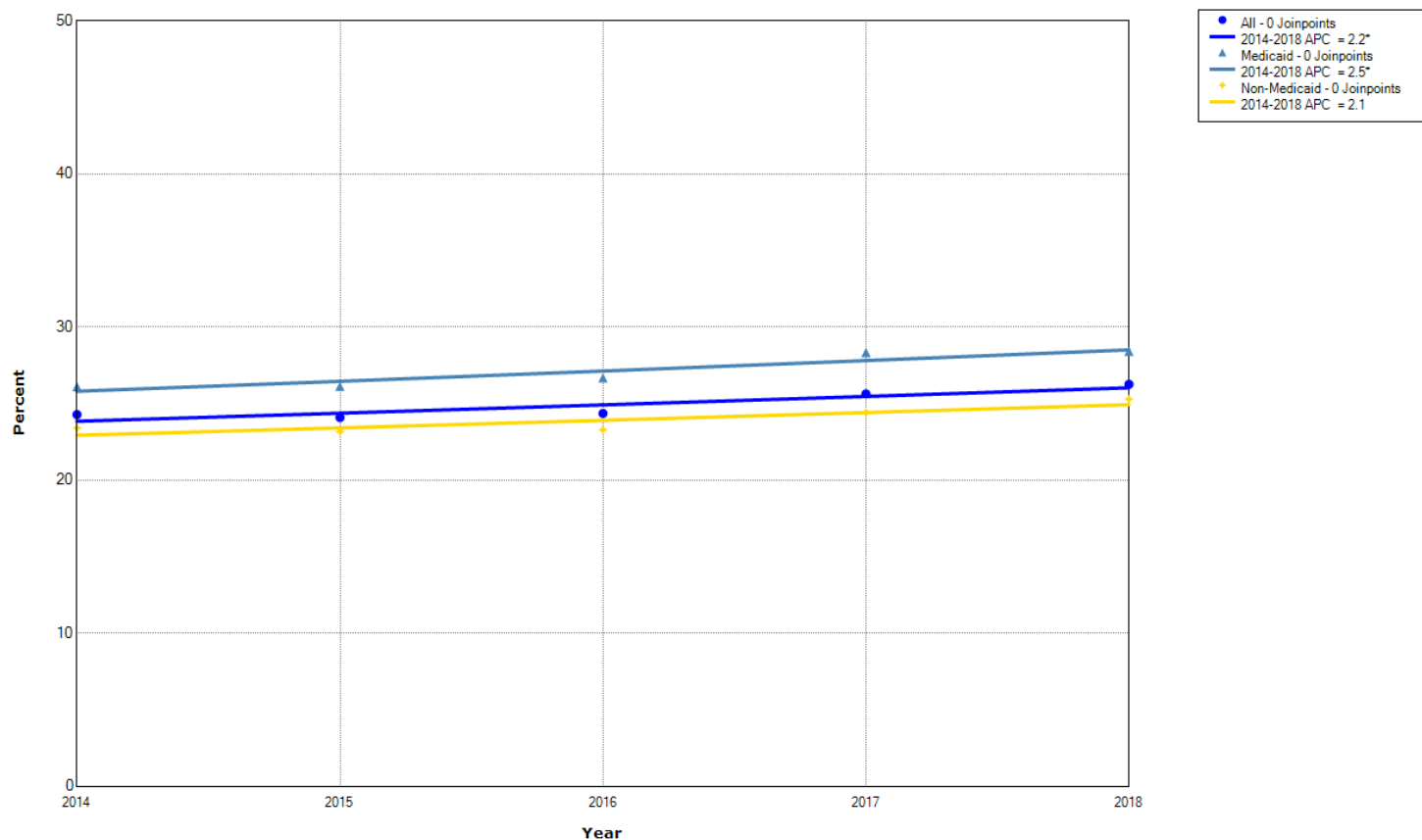
Source: Bureau of Epidemiology and Public Health Informatics, Kansas birth data (resident)

# SPM 1/NOM5: Percent of preterm births (<37 weeks gestation)



Source: Bureau of Epidemiology and Public Health Informatics, Kansas birth data (resident)

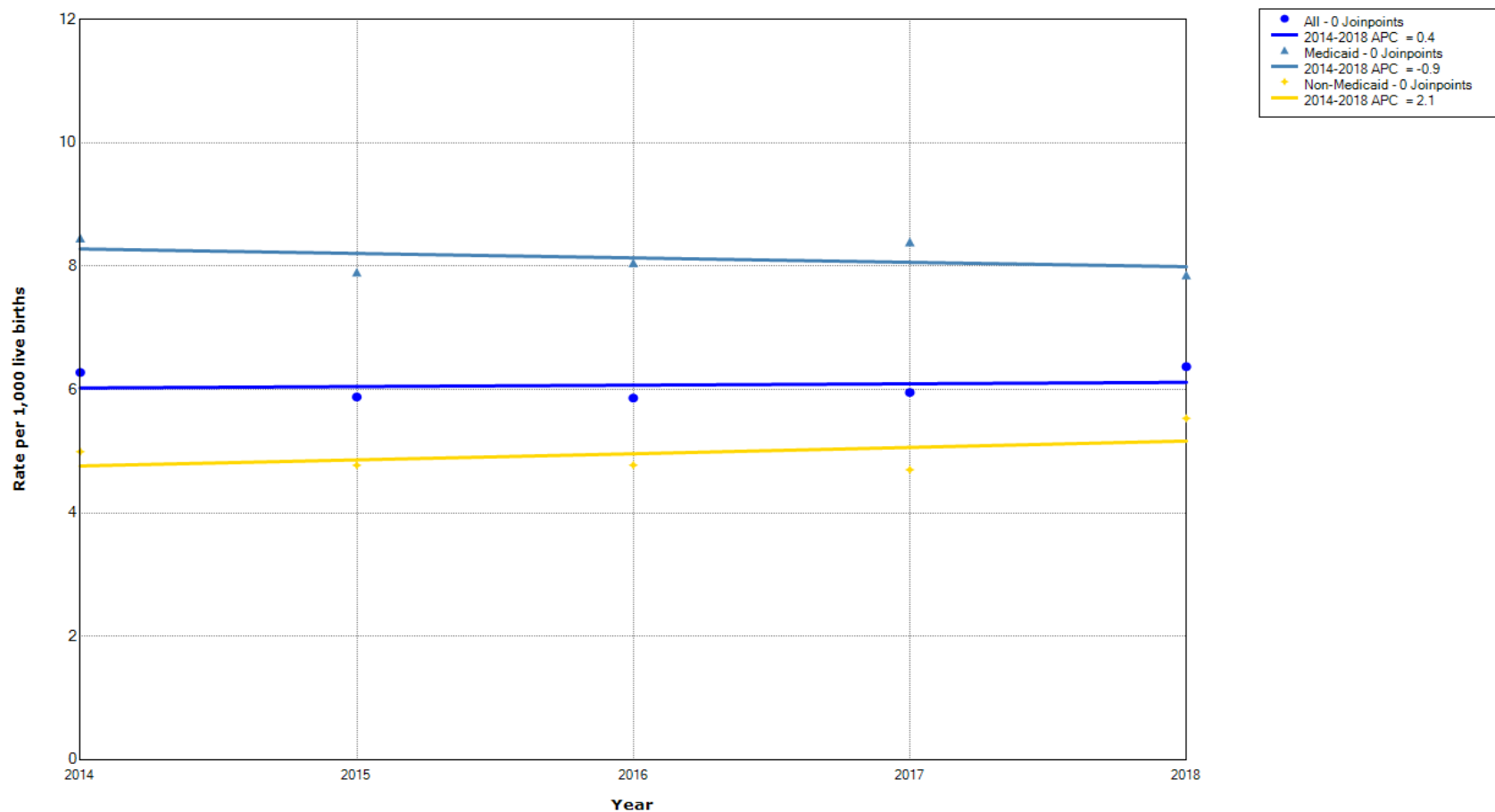
# NOM6: Percent of early term births (37,38 weeks gestation)



Source: Bureau of Epidemiology and Public Health Informatics, Kansas birth data (resident)

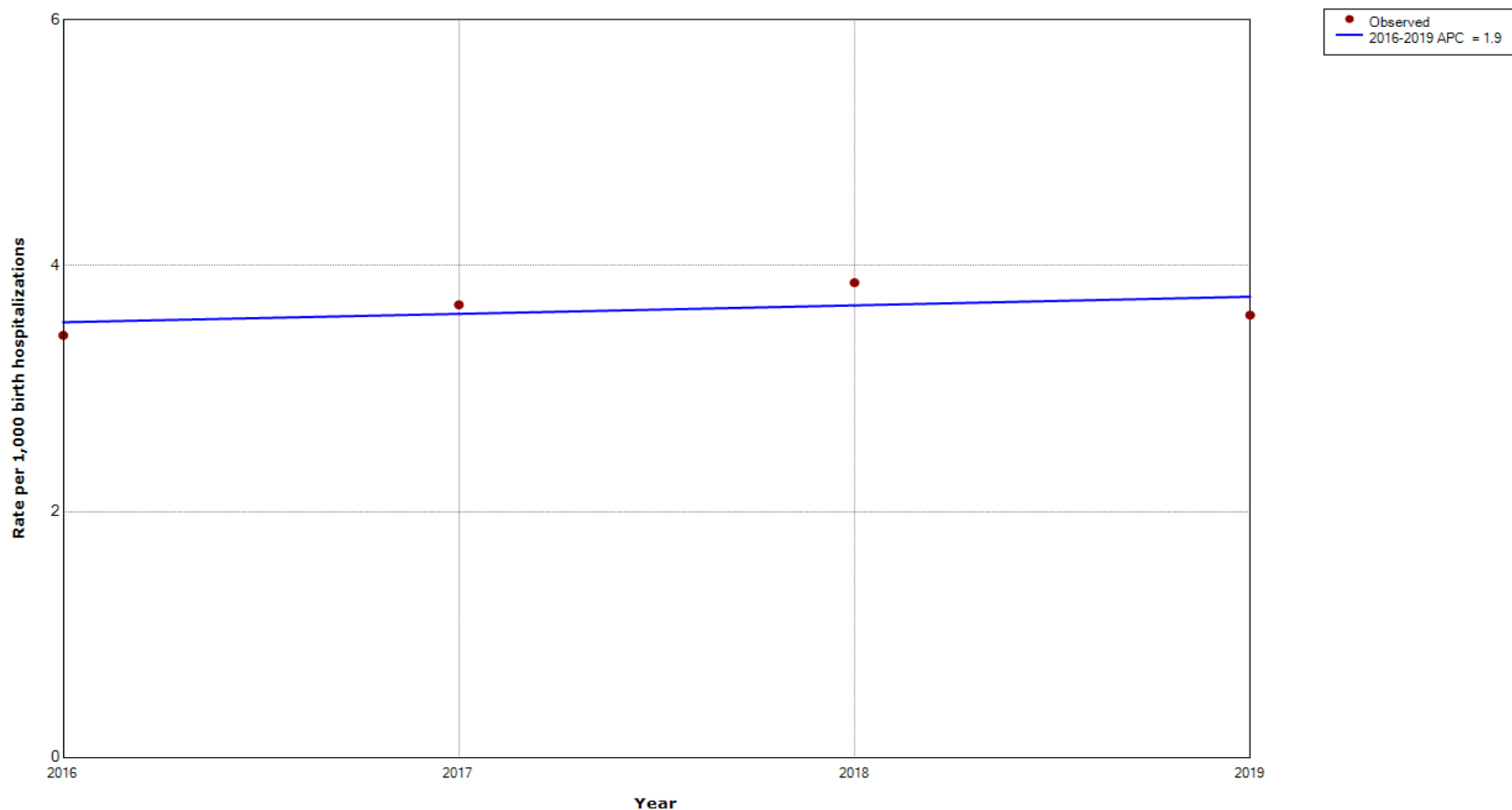


# NOM 9.1: Infant mortality rate per 1,000 live births



Sources: Bureau of Epidemiology and Public Health Informatics, Kansas death and birth data (resident)

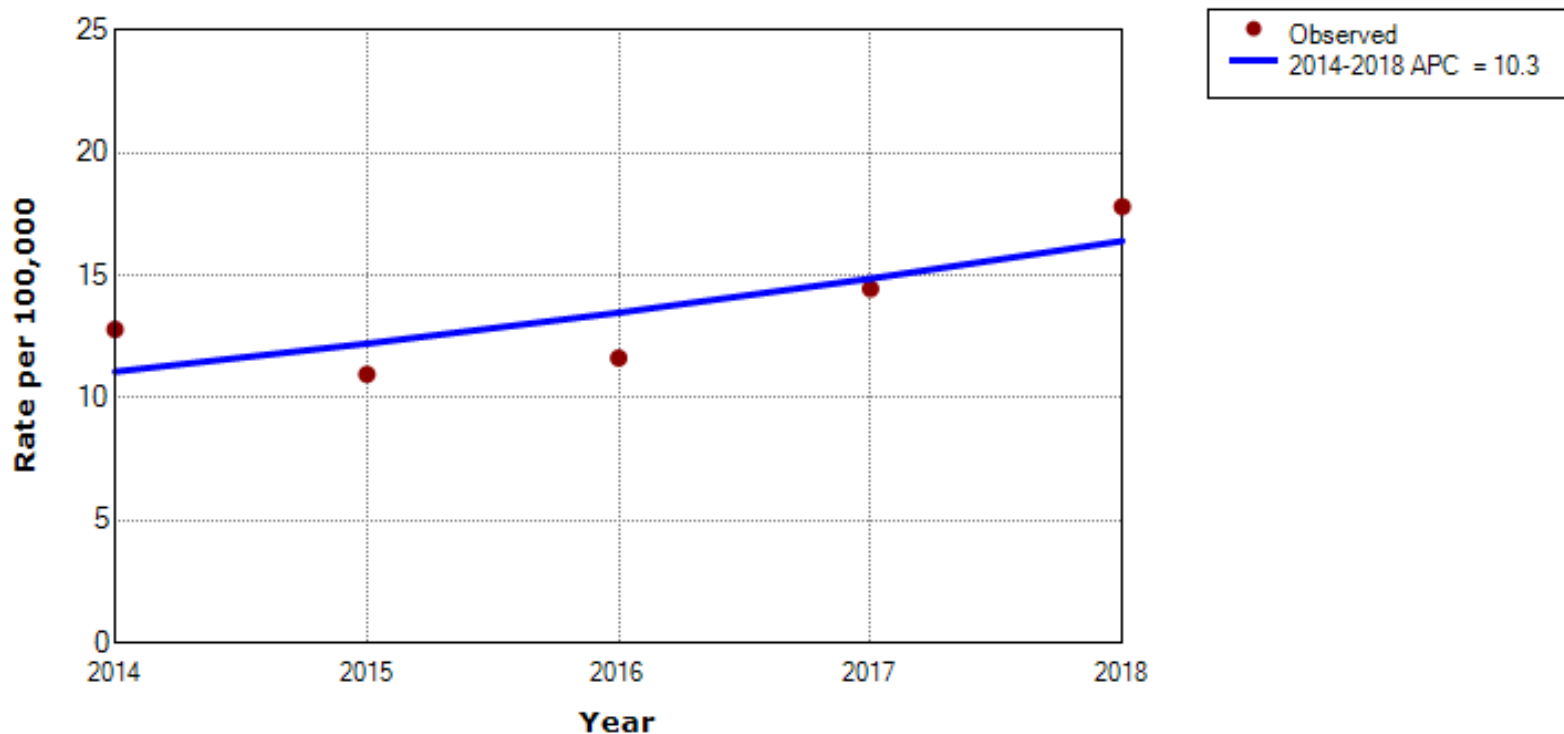
# NOM 11: The rate of infants born with neonatal abstinence syndrome per 1,000 birth hospitalizations



\* Indicates that the Annual Percent Change (APC) is significantly different from zero at the alpha = 0.05 level.  
Final Selected Model: 0 Joinpoints.

Sources: Bureau of Epidemiology and Public Health Informatics, Kansas hospital discharge data (resident)

# NOM 16.3: Adolescent suicide rate, ages 15 through 19, per 100,000 (3 year rolling average)



\* Indicates that the Annual Percent Change (APC) is significantly different from zero at the alpha = 0.05 level.  
Final Selected Model: 0 Joinpoints.

Sources: Bureau of Epidemiology and Public Health Informatics, Kansas death data (resident); U.S. Census Bureau, Population estimate, bridged- Race Vintage data set



# Domain Group Work

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# Domain Group Assignments

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## Facilitators and Recorders

**Women/Maternal:** Jennifer Marsh & Angela Oldson

**Perinatal/Infant:** Stephanie Wolf & Carrie Akin

**Child:** Kayzy Bigler & Brooke Sisson

**Adolescent:** Elisa Nehrbass & Geno Fernandez

# Ground Rules

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1. Stay present (phones on silent/vibrate, limit side conversations).
2. Invite everyone into the conversation. Take turns talking.
3. ALL feedback is valid. There are no right or wrong answers.
4. Value and respect different perspectives (providers, families, agencies, etc.)
5. Be relevant. Stay on topic.
6. Allow facilitator to move through priority topics.
7. Avoid repeating previous remarks.
8. Disagree with ideas, not people. Build on each other's ideas.
9. Capture "side" topics and concerns; set aside for discussion and resolution at a later time.
10. Reach closure on each item and summarize conclusions or action steps.

# Small Group Work

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- Are the objectives and strategies in the new State Action Plan for your domain reflective of how Title V efforts and resources should be focused over the next five years? Is anything missing?
- What programs or initiatives already exist that KDHE should know about that align with the objectives in this domain? What strategies and activities are already underway that advance these objectives?
- Looking at the objectives for this domain, where should we focus first, and what can we accomplish in the next year to move these forward?
- Action Item: What is my commitment as a council member and the organization I represent to advance this plan?



# Small Group Breakouts

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# Announcements & Closing Remarks

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# Next Meeting Date

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OCTOBER 7, 2020



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# Optional Session: COVID-19 & MCH Population Needs

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SITUATION UPDATE & LISTENING SESSION