Kansas Title V Maternal and Child Health Services Block Grant

2017 Application / 2015 Annual Report
Executive Summary

Bureau of Family Health
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Kansas Department of Health and Environment

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KANSAS MATERNAL & CHILD HEALTH

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Vision: Title V envisions a nation where all mothers, children and youth, including CSHCN, and their families are healthy and thriving.

Mission: 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.

Letter from Kansas Title V Director

Dear Partner:

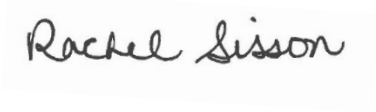
As Director of the Kansas Title V Program, it is my pleasure to provide this Executive Summary of the Kansas Title V Maternal and Child Health (MCH) Services Block Grant 2017 Application/2015 Annual Report. The purpose of this summary is to orient the reader to the Title V MCH Block Grant, highlight key programmatic themes and data points, provide specific examples of MCH program impact/reach, and encourage input and comment on the Block Grant program itself.

Each year, a vast amount of information and data is collected as part of the federal application for MCH funding. In addition to federal reporting, the MCH Services Block Grant data are used to prioritize initiatives related to the MCH Needs Assessment. Title V legislation directs states to conduct a statewide MCH Needs Assessment every five years to identify the need for preventive and primary care services for pregnant women, infants, children, adolescents, and individuals with special health care needs. From this assessment, states select Priorities, National Performance Measures, and State Performance Measures for focused programmatic efforts over the five-year reporting cycle. The most recent needs assessment, referred to as *MCH 2020*, resulted in a meaningful, responsive action plan for the period 2016-2020. The Title V State Plan truly reflects priorities and needs of MCH populations statewide and demands commitment and "shared" responsibility among the state Title V program, partnering state agencies, families/consumers, and other valued state and local program partners. Success with advancing the plan during the next year and beyond lies in the strength of partnerships and willingness to align efforts and collectively impact outcomes.

More detailed information about the MCH Services Block Grant Application/Annual Report and *MCH 2020* Five-Year Needs Assessment can be viewed on the KDHE Bureau of Family Health website www.kdheks.gov/bfh or Title V MCH Block Grant website http://www.kdheks.gov/c-f/mch.htm.

The Title V program launched a website (www.kansasmch.org) and Facebook page (www.facebook.com/kansasmch) to promote and increase awareness of the Kansas Title V MCH programming. This has provided the opportunity to share relevant information and provide ongoing updates related to the needs assessment and release of the final plan.

The MCH Program values its partnerships and collaborations. Together, we can achieve the common goal of improving the health of mothers, children, and families in Kansas. Thank you for the great work we were able to accomplish in 2015 and 2016!



Rachel Sisson, Director
KDHE Bureau of Family Health
Kansas Title V Director

Title V MCH Block Grant Background

What is Title V?
Title V of the Social Security Act is the longest-standing public health legislation in American history. Enacted in 1935, Title V is a federal-state partnership that promotes and improves maternal and child health (MCH). According to each state's unique needs, Title V supports a spectrum of services, from infrastructure-building services like quality assurance and policy development, to gap-filling direct health care for children and youth with special health care needs. Title V resources are directed towards MCH priority populations: pregnant women, mothers, infants, women of reproductive years, children and adolescents, and children and youth with special health care needs.

Why is Title V important?
Each year, all States and jurisdictions are required to submit an Application/Annual Report for Federal funds for their Title V MCH Services Block Grant to States Program to the Maternal and Child Health Bureau (MCHB) in the Health Resources and Services Administration (HRSA), U.S. Department of Human and Health Services (HHS). Without Title V, Kansas would not have dedicated funding to support core MCH public health functions. Title V is an essential mechanism to assure the health and safety of our nation's most precious resources: mothers, infants, and children.

Why is it called a Block Grant?
In 1981, seven categorical child health programs were combined into a single program known as a Block Grant. This consolidation also marked the introduction of stricter requirements for the use of funds and for state planning and reporting.

How does the MCH Title V Block Grant work?
Every year the Federal government awards MCH Block Grant dollars to each state, based on the number of children living in poverty. States provide a $3 match for every $4 in federal funding. At least 30% of funds must be used for services and programs for children and 30% for children & youth with special health care needs (CYSHCN). No more than 10% may be used for administration. Although there are no requirements regarding percentage to be spent, funding is also to be spent on preventive and primary care services for pregnant women, mothers and infants up to age one. The Kansas MCH Block Grant funds support state, regional, and local programs and staff, and are administered by the Kansas Department of Health and Environment, Division of Public Health, Bureau of Family Health.

How does the MCH Block Grant Program meet the unique needs of Kansas families?
Kansas is required to complete a statewide needs assessment every five years. This process identifies Kansas MCH program priorities and determines a plan of action to address those priorities. The most recent Kansas needs assessment, referred to as *MCH 2020*, identified eight MCH program priorities for the time period 2016-2020. The following table provides a snapshot of the priorities, and associated National Performance Measures (NPMs), State Performance Measures (SPMs) and Evidence-based or evidence-informed Strategy Measures (ESMs).

MCH 2020 (2016-2020) Kansas MCH Program Priorities

Priority 1: Women have access to and receive coordinated, comprehensive services before, during and after pregnancy.

Domain(s): Women/Maternal Health

Performance Measure(s)

- NPM 1: Well-woman visit (Percent of women with a past year preventive visit)
    - ESM: Percent of women program participants that received education on the importance of a well-woman visit in the past year
- SPM 1: Percent of preterm birth (<37 weeks gestation)

Priority 2: Services and supports promote healthy family functioning.

Domain(s): Cross-Cutting/Life Course

Performance Measure(s)

- SPM 2: Percent of children living with parents who have emotional help with parenthood

Priority 3: Developmentally appropriate care and services are provided across the lifespan.

Domain(s): Child Health

Performance Measure(s)

- NPM 6: Developmental screening (Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool)
    - ESM: Percent of program providers using a parent-completed developmental screening tool during an infant or child visit
- NPM 7: Child injury (Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents ages 10 through 19)
    - ESM: Number of free care seat safety inspections completed by certified child passenger safety technicians
- SPM 3: Percent of children 6 through 11 and adolescents 12 through 17 who are physically active at least 60 minutes per day

Priority 4: Families are empowered to make educated choices about infant health and well-being.

Domain(s): Perinatal/Infant Health

Performance Measure(s)

- NPM 4: Breastfeeding (Percent of infants who are ever breastfed; Percent of infants breastfed exclusively through 6 months)
    - ESM: Percent of WIC infants breastfed exclusively through six months in designated Communities Supporting Breastfeeding
- SPM 4: Number of safe sleep [sudden infant death syndrome (SIDS)/ sudden unexpected infant death (SUID)] trainings provided to professionals

Priority 5: Communities and providers support physical, social, and emotional health.
Domain(s): Adolescent Health
Performance Measure(s)

- NPM 9: Bullying (Percent of adolescents, ages 12 through 17, who are bullied or who bully others)
    - ESM: Number of schools implementing evidence-based or informed anti-bullying practices and/or programs
- NPM 10: Adolescent well-visit (Percent of adolescents, ages 12 through 17, with a preventive
  medical visit in the past year)
    - ESM: Percent of adolescent program participants (12-22 years) that received education on the importance of a well-visit in the past year

Priority 6: Professionals have the knowledge and skills to address the needs of maternal and child populations.
Domain(s): Cross-Cutting/Life Course
Performance Measure(s)

- NPM 14: Smoking during pregnancy and household smoking (Percent of women who smoke during pregnancy; Percent of children who live in households where someone smokes)
    - ESM: Percent of pregnant women program participants who smoke referred to the Tobacco Quitline

Priority 7: Services are comprehensive and coordinated across systems and providers.
Domain(s): Children and Youth with Special Health Care Needs
Performance Measure(s)

- NPM 11: Medical home (Percent of children with and without special health care needs having a
  medical home)
    - ESM: Percent of families who experienced an improved independent ability to navigate the systems of care

Priority 8: Information is available to support informed health decisions and choices.
Domain(s): Cross-Cutting/Life Course
Performance Measure(s)

- SPM 5: 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

*__NPM__: National performance measures; __SPM__: State Performance Measures; __ESM__: Evidence-based or evidence-informed Strategy Measures

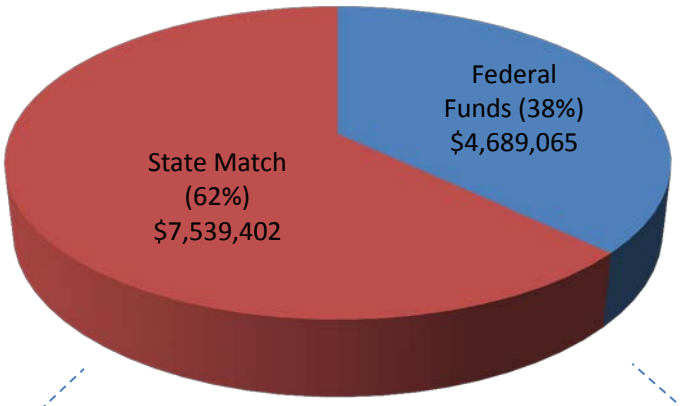
How does the MCH Block Grant maximize its reach?
There are many more maternal and child health-related programs and activities beyond those funded by the MCH Block Grant. The MCH Program relies on collaborative efforts and partnerships to maximize reach and promote efficiency. For example, by working closely with the Immunization Program, the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), Project LAUNCH (Linking Actions for Unmet Needs in Children's Health), Early Childhood Comprehensive Systems (ECCS), and others, we can help assure that the diverse

needs of Kansas families are met, without duplicating efforts.

How is Kansas held accountable?
Each year the MCH Program reports on over 80 indicators and performance measures. Some measures are determined by the Federal government and others by Kansas. Kansas also writes an application and annual report, which includes a description of state capacity and Title V activities. This document is reviewed and discussed with the Federal Maternal and Child Health Bureau (MCHB).

Where do I fit into the Title V Block Grant?
Whether you are a parent, government official, advocate, service provider, or member of the general public, the MCH Block Grant likely touches your life. Its success lies in the strength of partnerships and collaborations. The program collects input related to existing services, population needs, and emerging issues throughout the year. Your input is needed to assure that the MCH Program is guided by the needs of Kansas families. Review the full-length MCH Block Grant at: http://www.kdheks.gov/c-f/mch.htm. To provide feedback, please refer to the "Public Input" section. Learn more through the Federal Title V Information System (TVIS) website which allows you to compare Kansas to other states: https://mchb.tvisdata.hrsa.gov/.

MCH Block Grant Budget Overview



$12.2 Million*

Federal-State Title V Block Grant Partnership

State Match
$3,557,713

Local Match
$3,981,689

For every $4 of Federal funds, at least $3 must be matched by state and local funds.

Aid to Local
$4,402,898
Title V: $2,028,440
SGF: $2,169,614
CIF: $204,844

Grants to local health departments, contracts, special health services

*Source: Title V Block Grant 2017 Application/2015 Annual Report, Forms 2, 3a, 3b; SGF: State General Fund; CIF: Children's Initiative Fund

Key Kansas Characteristics, 2014

Number of Births[a]	**39,193**
Ratio of the black non-Hispanic to white non-Hispanic infant mortality[a]	2.0
Number of children <20 years old[b]	804,625
% of children <18 years old with special health care needs[c]	19.4%
% of births covered by Medicaid[a,*]	32.7%
% of children <18 years old without health insurance[d]	5.5%
% of children <20 years old living in densely-settled rural, rural and frontier areas[b]	28.0%

Sources:
[a] KDHE Bureau of Epidemiology and Public Health Informatics, 2014
[b] U.S. Census Bureau, Bridged Race Population, 2014
[c] National Survey of Children's Health, 2011/12
[d] U.S. Census. American Community Survey, 2014
*Based on the "principal source of payment for this delivery" as reported on the birth certificate

How Do Medicaid Births Compare to Non-Medicaid Births? Kansas, 2014

Indicators	**Medicaid***	**Non-Medicaid***	**All**
Infant mortality rate (per 1,000 live births)	8.5	5.0	6.3
Percent low birthweight (<2,500 grams)	8.5%	6.3%	7.1%
Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	70.5%	84.8%	80.0%
Percent of pregnant women with adequate prenatal care	76.1%	86.5%	83.0%
Percent of women who smoke during pregnancy	26.0%	5.2%	12.0%
Percent of all births	**32.7%**	**67.3%**	**100.0%**

Source: KDHE Bureau of Epidemiology and Public Health Informatics, 2014
*Based on the "principal source of payment for this delivery" as reported on the birth certificate

KIDS COUNT indicators provide a snap shot of children's overall well-being.

How Does Kansas Compare to Other States?

Compared to other states, Kansas ranks 19th overall (2016)

KIDS COUNT Key Indicators

Indicators	Kansas	United States	Rank
Economic Well-Being Indicators			***9***
Percent of children in poverty (2014)	18	22	
Percent of children living in families where no parent has full-time, year-round employment (2014)	25	30	
Percent of children living in households with a high housing cost burden (2014)	26	35	
Percent of teens (ages 16-19) not attending school and not working (2014)	6	7	
Education Indicators			***20***
Percent of children (ages 3-4) not attending preschool (2012-2014)	56	53	
Percent of fourth graders in public school not proficient in reading (2015)	65	65	
Percent of eighth graders in public school not proficient in math (2015)	67	68	
Percent of high school students not graduating on time (2012/13)	12	18	
Health Indicators			***24***
Percent low birthweight babies (2014)	7	8	
Percent of children without health insurance (2014)	5	6	
Child and teen death rate (per 100,000 children ages 1-19) (2014)	26	24	
Percent of teens (ages 12-17) who abuse alcohol or drugs (2013-2014)	5	5	
Family and Community Indicators			***24***
Percent of children in single-parent families (2014)	31	35	
Percent of children in families where the household head lacks a high school diploma (2014)	11	14	
Percent of children living in high-poverty areas (2010-2014)	9	14	
Teen birth rate (per 1,000 females ages 15-19) (2014)	28	24	

Source: Annie E. Casey Foundation, 2016 KIDS COUNT Data Book, http://www.aecf.org/m/resourcedoc/aecf-the2016kidscountdatabook-2016.pdf

Selected Key Block Grant Indicators by MCH Population and Priority Area (MCH2015)

	2010	2011	2012	2013	2014	Trend	HP2020	Sources
Women/Maternal Health								
Women have access to and receive coordinated, comprehensive services before, during and after pregnancy.								
• Percent of women with a past year preventive medical visit	-	66.7%	66.4%	68.2%	63.7%	↓	-	1
• Percent of preterm births (<37 weeks gestation)	8.8%	9.1%	9.0%	8.9%	8.7%	●	**11.4%**	2
Perinatal/Infant Health								
Families are empowered to make educated choices about infant health and well-being.								
• Percent of infants who are ever breastfed	77.2%	79.5%	81.7%	84.2%	86.1%	↑*	**81.9%**	2
• Percent of infants breastfed exclusively through 6 months	14.1%	11.4%	24.5%	-	-	↑	**25.5%**	3
• Number of Safe Sleep [sudden infant death syndrome (SIDS)/ sudden unexpected infant death (SUID)] trainings provided to professionals	-	-	-	-	-	-	-	4
Child Health								
Developmental appropriate care and services are provided across the lifespan.								
• Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool	-	-	37.0%	-	-	●	-	5
• Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9	101.3	87.7	92.6	87.1	-	↓	-	6,7
• Percent of children 6 through 11 who are physically active at least 60 minutes per day	-	-	36.0%	-	-	●	-	5
Adolescent Health								
Communities and providers support physical, social and emotional health.								
• Percent of adolescents, 12 through 17, who are bullied or who bully others	-	-	11.0%	-	-	●	**17.9%**	5
• Percent of adolescents, 12 through 17, with a preventive medical visit in the past year	-	-	83.4%	-	-	●	**75.6%**	5
• Rate of hospitalization for non-fatal injury per 100,000 children ages 10 through 19	231.4	215.0	226.1	196.1	-	↓	-	6,7
• Percent of children 12 through 17 who are physically active at least 60 minutes per day	-	-	19.9%	-	-	●	**20.2%**	5
Children and Youth with Special Health Care Needs								
Services are comprehensive and coordinated across systems and providers.								
• Percent of children with special health care needs having a medical home	-	-	53.8%	-	-	●	**54.8%**	5
• Percent of children without special health care needs having a medical home	-	-	60.4%	-	-	●	**63.3%**	5
Cross-Cutting or Life Course								
Services and supports promote healthy family functioning.								
• Percent of children living with parents who have emotional help with parenthood	-	-	91.5%	-	-	●	-	5
Professionals have the knowledge and skills to address the needs of maternal and child health populations.								
• Percent of women who smoke during pregnancy	15.0%	14.5%	13.7%	12.5%	12.0%	↓*	**1.4%**	2
• Percent of children who live in households where someone smokes	-	-	25.3%	-		●	**47.0%**	5

Information is available to support informed health decisions and choices.								
• 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	-	-	-	-	-	-	-	1

*Statistically significant trend ($p<0.05$)
An "-" indicates the data were not available at the time of reporting.

HP2020: Healthy People 2020 Goal; Green Arrow: Positive; Red Arrow: Negative; Yellow Dot: No Trend

Sources:

1. Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System (BRFSS)
2. Kansas Department of Health and Environment (KDHE), Bureau of Epidemiology and Public Health Informatics. Kansas birth data (resident)
3. Centers for Disease Control and Prevention (CDC). National Immunization Survey (NIS)
4. Kansas Infant Death and SIDS Network, Inc.
5. Health Resources and Services Administration (HRSA). National Survey of Children's Health (NSCH), 2011/12
6. Agency for Healthcare Research and Quality (AHRQ). Healthcare Cost and Utilization Project (HCUP) - State Inpatient Database (SID)
7. U.S. Census Bureau. Population Estimate, Bridged-Race Vintage data set

Activity Highlights/Updates

The following 2015 MCH Program highlights/updates reflect major accomplishments and connections to the MCH population health domains. Many represent joint efforts with partners. Please see the full-length MCH Block Grant to learn more: http://www.kdheks.gov/c-f/mch.htm.

Women/Maternal and Perinatal/Infant Health

Infant Mortality Collaborative Improvement and Innovation Network (CoIIN): KDHE along with several partners and organizations including the March of Dimes and the Kansas Infant Death and SIDS Network is actively engaged in the Infant Mortality CoIIN, launched by the U.S. Department of Health & Human Services in 2012 and expanded in 2014 to include Kansas and other Region VII states. Each state selected strategies to focus on. Kansas' selections include: 1) Smoking Cessation (before, during, after pregnancy) and 2) Pre & Early Term Birth. Change ideas implemented by pilot sites since 2015 focus on appropriate utilization of progesterone, elimination of Early Elective Deliveries, and screening/referral for pregnant women who smoke.

Perinatal Community Collaboratives/Birth Disparities Programs: The Kansas MCH Program, in collaboration with local communities and the broader network of local health care and community service providers involved in an on-going process of developing perinatal collaboratives using the March of Dimes, "Becoming A Mom/Comenzando Bien" as a consistent and proven prenatal care education curriculum. Development of these began in 2010, bringing prenatal education and prenatal care together. Birth outcome data reveals improvements in preterm delivery, low birth weight, and breastfeeding initiation. Most notable is the Infant Mortality Rate (IMR) from pre-to post-program implementation in the longest running programs (five years): Saline County 9.0 to 5.5 and Geary County 11.9 to 6.6 (deaths/1000 live births).* *Source: Kansas Vital Statistics 2005-2009 and 2010-2014

Communities Supporting Breastfeeding (CSB): Initially supported by Title V, the long-term goal of the CSB project is to improve exclusive breastfeeding rates for infants at three and six months by assisting communities with achieving the CSB designation by the Kansas Breastfeeding Coalition (KBC) as defined by six criteria: 1) local breastfeeding support; 2) peer breastfeeding support; 3) community hospital support (High 5 for Mom & Baby or Baby Friendly® USA); 4) business support (Breastfeeding Welcome Here); business employee support (Business Case for Breastfeeding); 6) child care provider support (*How to Support the Breastfeeding Mother and Family* course). Five communities achieved the designation in 2015. Ten communities will work to be designated by the end of 2017 with continued funding from the Kansas Health Foundation. *Number of community citizens defined by 2010 census.

Pregnancy Risk Assessment & Monitoring System (PRAMS): Kansas PRAMS was funded in 2016 and is a collaborative project with the Centers for Disease Control and Prevention. Kansas will obtain data to understand the risk factors that contribute to poor pregnancy outcomes and understand the experiences and behaviors before, during, and after pregnancy that result in high risk births. Data collection will begin in 2017 and involve approximately 3,200 mothers providing information. The Bureau of Epidemiology and Public Health Informatics oversees the grant and the Bureau of Family Health (Title V) promotes the project/survey and utilizes data to inform MCH planning and programming to improve outcomes. The PRAMS steering committee is a joint group including members from two of the four standing Kansas Maternal & Child Health Council subcommittees, Women/Maternal and Perinatal/Infant.

Birth Defects Surveillance & Zika Virus: KDHE applied for the CDC's *Surveillance, Intervention, and Referral Services for Infants with Microcephaly and other Adverse Outcomes Linked with the Zika Virus* grant in June 2016. An urgent public health response is needed to understand the impact of Zika virus during pregnancy on adverse birth outcomes. Kansas is responding to this public health threat by carefully coordinating activities among multiple Zika-related federal funding opportunities. Through the most recent opportunity, Kansas proposes to enhance the current passive birth defects surveillance system by including case verification and improving surveillance methodology to include additional data sources (hospital discharge) to rapidly identify cases of microcephaly and other defects potentially linked to the Zika virus. The Bureau of Epidemiology and Public Health Informatics oversees the grant and manages the U.S. Zika Pregnancy Registry reporting while the Bureau of Family Health (Title V) manages the Birth Defects Program (surveillance, coordination, Birth Defects Information System).

Child and Adolescent Health

In an effort to address the identified needs and priorities for children and adolescents, state and local programs remain focused on employing the strategies related to objectives during the next year and beyond to advance the priorities. Some of these include:

- Promoting annual well visits through adolescence into adulthood
- Promoting oral health screening and care, with special emphasis on routines in out of home care settings (tooth brushing, access to water, reduced sweetened beverages)
- Developing follow-up protocols for families to be referred for behavioral health services
- Increasing awareness of options for bullying intervention and prevention

- Making connections among schools, families, communities and health providers through programs such as school-based clinics

As part of the needs assessment, the Title V Program partnered with Kansas State University to conduct an adolescent health assessment to inform the first adolescent health plan. This process supported identification of issues of particular interest to adolescents themselves. The plan has been aligned with and key recommendations integrated into the Title V MCH State Action Plan.

Children and Youth with Special Health Care Needs (CYSHCN/KS-SHCN)

Kansas Law mandates health care services for CYSHCN pursuant to K.S.A. 65-5a01, based on medical and financial eligibility. The KS-SHCN program vision spans far beyond the mandate for services and aims to assess and address needs of all children, youth, and families. A strategic planning process was completed between 2013 and 2015 to enhance and improve services provided through the KS-SHCN program. In response, KS-SHCN has expanded the focus to address the needs of families through collaboration, systems integration, and increased statewide capacity. Utilizing quality improvement and evaluation, the program strives for sustainable and systemic changes for the CYSHCN population. In the last two years, the program has implemented new processes for direct assistance to families, developed a holistic and comprehensive care coordination program, expanded outreach efforts, increased the number of community access points into the program, and adopted a new process for funding pilot and continuing initiatives to improve systems of care for CYSHCN. All program changes and initiatives are developed with input and approval from the Family Advisory Council. The KS-SHCN program was awarded the Integrated Community Systems for CYSHCN grant to focus on access to comprehensive, coordinated services and supports through a patient/family-centered medical home. This two-year grant will provide foundational and infrastructure support to strengthen collaboration and partnerships across medical home partners and families.

Cross-Cutting/Life Course

The most recent needs assessment revealed concerns that family functioning contributes to stressors across all population domains. Lack of services is an issue as well as lack of knowledge of services and stigma associated with accessing needed programs/services. Plans to address this involve focusing on family functioning in all MCH contacts; promoting the importance of partners (including men and fathers) as active participants in health matters; educating on the importance of future planning as it relates to building strong relationships and health and family considerations (spacing of children); utilizing peer and social networks for women to promote and support access to preventive health care; developing a progressive family leadership program to empower families and build strong MCH advocates; providing family and sibling peer supports for those interested in being connected to other families with similar experiences (Foster Care, SHCN, other); and using an evidence-based model, provide parenting resources and mentors for adolescent caregivers. The Infant Mortality CoIIN activities will also address cross-cutting issues including smoking during pregnancy and smoking in the household.