

# Kansas Title V Maternal and Child Health Services Block Grant

## 2017 Application / 2015 Annual Report

*Executive Summary of Public Input/Feedback/Comment  
on the DRAFT Block Grant Application & Annual Report*



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**Kansas Title V Maternal and Child Health (MCH) Services Block Grant  
2017 Application/2015 Annual Report**

**Executive Summary of Public Input/Feedback/Comment on the  
DRAFT MCH Block Grant Application/Annual Report**

The Kansas Title V Team is committed to collecting input throughout the year and works in partnership with local agencies and the state MCH Council to assess and identify needs. Always looking for input, the staff work in additional opportunities to collect input and feedback through regular technical assistance calls/webinars as well as during local site visits, community meetings, and conferences/events. In addition, a public input survey is developed and posted annually (via survey monkey) to collect information on the DRAFT Application and Annual Report from consumers and partners across the state that are informed of and concerned about the needs of MCH populations.

This executive summary summarizes the public input/feedback/comment received by the Kansas Title V Maternal and Child Health (MCH) - Bureau of Family Health (BFH), Kansas Department of Health and Environment (KDHE) during the development of the 2017 Application/2015 Annual Report of the federal Title V Maternal and Child Health Services Block Grant. This survey is intended to collect information, opinions, and perspectives on the DRAFT 2017 Application/2015 Annual Report from consumers and partners across the state that are informed of and concerned about the needs of the MCH populations. The KDHE BFH staff used the input/feedback/comment from this survey to complete the Federal Fiscal Year 2017 Title V Block Grant Application.

Details related to this year's public input process and period follow.

**Public input/feedback/comment period**

June 10, 2016 - June 27, 2016

**Methods**

The following methods were employed to solicit public Input/Feedback/Comment.

- 1) An email was sent out by the Title V Director to Kansas MCH Partners including school nurses, councils/committees/boards, community-based organizations, local health departments, providers, others. A complete list is included as Appendix A.

Dear Kansas Maternal & Child Health Partner:

As the Kansas Title V Maternal & Child Health (MCH) Director, it is my pleasure to release the (draft) Kansas MCH Services Block Grant 2017 Application and 2015 Annual Report. The MCH Block Grant is administered by the Kansas Department of Health and Environment,

Division of Public Health, Bureau of Family Health. The document is available for public review and comment on the [Bureau of Family Health website](#).

Please take time to review this year's block grant application and provide comments and/or additional detail you might have to strengthen the application and ensure plans and reports represent our collective efforts statewide. This year's application includes the newest State Action Plan for the period 2016-2020 (priorities, measures, strategies) which was developed in response to the most recent statewide, comprehensive needs assessment Kansas is required to conduct every five years. Each of you provided input through the process in some way and we thank you! We are asking you again for your time and input. After reviewing the draft document, we ask that you complete a short [online survey](#). Please respond to the survey by **June 27** in order to ensure that your comments are reviewed and considered for the application. Resources to increase your knowledge about the MCH block grant program and Kansas' priority issues for 2016-2020 can be found on the Bureau of Family Health's [MCH Block Grant website](#).

Your input is valuable and needed to assure the MCH Program is guided by the needs of Kansas families and priority populations: women of reproductive age, pregnant women, infants, children, adolescents, and individuals with special health care needs. Whether you are a parent, health professional, government official, advocate, or member of the general public, MCH activities touch your life. Success lies in the strength of partnerships and collaborations to maximize reach and promote efficiency.

Thank you for your dedication and commitment to working together for a healthier Kansas.

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- 2) The survey link was posted on the BFH website.
- 3) Announcements were posted online, via social media, and in newsletters.

## Results

A total of 24 responses were received. Although we had a very low response, 85% responded that this was their first time providing feedback on a draft MCH application/annual report. Based on the information contained in the draft application/annual report, the majority of the respondents strongly agreed, or agreed that they had a better understanding of the state MCH Priorities and plans for population health domains:

- Women/Maternal Health (95.8%)

- Perinatal/Infant Health (95.7%)
- Child Health (95.7%)
- Adolescent Health (91.3%)
- Children and Youth with Special Health Care Needs (91.3%)
- Cross-Cutting/Life Course (82.6%)

The majority responded that the 2017 Application/2015 Annual Report:

- clearly indicates activities, progress, accomplishments, and future activities for each of the state priorities (95.8%)
- demonstrates strong capacity to address priority MCH issues and indicates progress and forward-movement for MCH in Kansas (87.5%)
- accurately reflects the capacity/work/activities across Kansas as they relate to the state priorities (91.7%)

After reviewing “Five Year State Action Plan” and “Budget Narrative & Forms”, the majority responded that:

- the state action plan and strategies were adequately addressed (95.5%)
- the MCH Workforce Development and Capacity, Family/Consumer Partnership, Health Reform, and Emerging Issues were adequately addressed (100.0%)
- the resource allocation/expenditures were adequately addressed (100.0%)

Detailed survey responses are included as Appendix B.

### **Plan for Utilizing & Applying Input**

The BFH plans to use the input and comments to inform state direction and Title V MCH activities such as providing a foundation for the on-going statewide needs assessment, bringing together all system providers to support movement toward integrated services and comprehensive approach to care. Internally, regular MCH coordination/working meetings are held monthly to ensure all program and epidemiologist staff have the forum to communicate updates, develop plans/activities, and monitor progress related to Title V, especially the Block Grant measures/indicators and needs assessment priorities. New activities, collaboratives, councils, coordination, and communication are the keys to success with reaching goals and creating movement toward collectively improving outcomes.

Discuss items often include:

- MCH Epidemiology projects
- Coordination with other bureaus in the Division of Public Health and the Division of Health Care Finance (Medicaid)
- Continuous improvement of public comment and input related to services and emerging issues

- Increasing and improving communication with local agencies and contracts as well as other MCH partners including those that serve on the Kansas Maternal & Child Health Council.

The MCH programs monitor for public comment and inquiry throughout the year, not just at the time of the annual application and report. MCH staff will review on a routine basis and incorporate into existing work as appropriate and consider for the following year's application.

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.

## **Appendix A: Kansas Maternal and Child Health Partners**

- Birth Centers
- Cerebral Palsy Research Foundation
- Children's Alliance
- Families Together
- Family Advisory Council
- High 5 for Mom and Baby
- Kansas Action for Children
- Kansas Breastfeeding Coalition
- Kansas Chapter of American Academy of Pediatrics
- Kansas Chapter of Family Physicians
- Kansas Children's Service League
- Kansas Department for Children and Families
- Kansas Foundation for Medical Care
- Kansas Health Foundation
- Kansas Maternal & Child Health Council members
- Kansas Perinatal Quality Collaborative members
- Kansas Public Health Leadership Institute and Core Public Health Programs
- Kansas University Medical Center/Kansas University
- KDHE Department of Public Health Directors/staff
- Kansas Infant Death and SIDS (KIDS) Network
- Local Health Department Administrators
- Managed care organizations
- March of Dimes
- MCH grantees/representatives
- Mother & Child Health Coalition of Greater Kansas City
- Newborn Hearing Advisory
- Newborn Screening Advisory
- Nutrition Physical Activity Collaborative
- School nurses
- State Children's Institutions
- Sunflower Foundation
- Teen Pregnancy Targeted Case Management and Pregnancy Maintenance Initiative grantees
- The Blue Ribbon Panel on Infant Mortality
- United Methodist Health Ministry Fund
- WIC Advisory Committee
- WIC grantees/representatives
- Youth Advisory Council

## Appendix B: Detailed Survey Responses

As part of the annual Title V Maternal and Child Health (MCH) Block Grant Application process, Kansas is required to make a draft application available to the public for the purpose of gathering input. This survey is intended to collect information, opinions, and perspectives on the draft 2017 Application/2015 Annual Report from consumers and partners across the state who are informed of and concerned about the needs of the maternal and child health (MCH) populations. The KDHE Bureau of Family Health staff will use the input from this survey to complete the Federal Fiscal Year 2017 Title V Block Grant Application.

We would recommend that you review the draft application and annual report sections that align with the survey in order to stimulate thinking related to MCH issues and assist in responding:  
[http://www.kdheks.gov/bfh/download/KS\\_MCH\\_BG\\_2017App\\_2015AR.pdf](http://www.kdheks.gov/bfh/download/KS_MCH_BG_2017App_2015AR.pdf).

More information about the Kansas Maternal and Child Health Program can be found at:  
<http://www.kdheks.gov/bfh>.

Your input is very important and appreciated. Thank you for your time and input!

### I. Needs Assessment & State Priorities

1. Based on the information contained in the draft application/annual report, I have a better understanding of the state MCH priorities and plans for the population health domains:

Answer Options	Strongly Agree	Agree	Disagree	Strongly Disagree	Rating Average	Count
Women/Maternal Health	7	16	1	0	3.25	24
Perinatal/Infant Health	6	16	1	0	3.22	23
Child Health	6	16	1	0	3.22	23
Adolescent Health	6	15	2	0	3.17	23
Children and Youth with Special Health Care Needs	6	15	2	0	3.17	23
Cross-Cutting/Life Course	5	14	4	0	3.04	23
<b>answered question</b>						<b>24</b>
<b>skipped question</b>						<b>0</b>

2. The Title V MCH 2016 Application and 2014 Annual Report:

Answer Options	Strongly Agree	Agree	Disagree	Strongly Disagree	Rating Average	Count
Clearly indicates activities, progress, accomplishments, and future activities for each of the state priorities.	6	17	0	1	3.17	24
Demonstrates strong capacity to address priority MCH issues and indicates progress and forward-movement for MCH in Kansas.	6	15	3	0	3.13	24
Accurately reflects the capacity/work/activities across Kansas as they relate to the state priorities.	6	16	1	1	3.13	24
<b>answered question</b>						<b>24</b>
<b>skipped question</b>						<b>0</b>

3. I can provide additional information that will strengthen the application and annual report for Kansas as it relates to the MCH population health domains (Women/Maternal Health, Perinatal/Infant Health, Child Health, Adolescent Health, Children and Youth with Special Health Care Needs, and Cross-Cutting/Life Course).

Answer Options	Percent	Count
Yes	39.1%	9
No	60.9%	14
<b>answered question</b>		<b>23</b>
<b>skipped question</b>		<b>1</b>

<b>Women/Maternal Health</b>
Prenatal classes, WIC, nutrition and infant care/child information given to families studies classes at the high school, involved in early childhood taskforce to collaborate and communicate
<b>Perinatal/Infant Health</b>
Today I discussed BFH Title V initiatives with some researchers at KUMC who are piloting a study of pregnant teens via telehealth (iPad delivered group clinics and access to health prompts etc.). Asked them if they worked with BFH and synchronized efforts. At this time they were aware only of the SHCN work. Now they are considering learning more about the great work you BFHers do!
Give resource information and offer information to the family health center, WIC, immunizations
<b>Child Health</b>
WIC, immunizations, USD 417 Wellness Committee member, classroom lessons on nutrition, safety, staying healthy, assist with summer food program, work with school nurse on having all school children up to date on immunizations, oral health education
<b>Adolescent Health</b>
Today I discussed BFH Title V initiatives with some researchers at KUMC who are piloting a study of pregnant teens via telehealth (iPad delivered group clinics and access to health prompts etc.). Asked them if they worked with BFH and synchronized efforts. At this time they were aware only of the SHCN work. Now they are considering learning more about the great work you BFHers do!
Collaborate with Immunize Kansas Coalition on increasing vaccination rates for adolescents.
<b>Children and Youth with Special Health Care Needs</b>
<b>Cross-Cutting/Life Course</b>

## II. Five Year State Action Plan: State Action Plan and Strategies by MCH Population Health Domains

"State Action Plan and Strategies" by MCH population health domains

After reviewing each "State Action Plan and Strategies" by MCH population health domain narrative for "Plan for the Application Year" and "Annual Report", and "Other/Programmatic Activities" in the draft MCH Block Grant 2016 Application/2014 Annual Report:

4. I believe the state action plan and strategies were adequately addressed.

Answer Options	Percent	Count
Yes	95.5%	21
No	4.5%	1
<b>answered question</b>		<b>22</b>
<b>skipped question</b>		<b>2</b>



<b>Women/Maternal Health</b>
The only programs referenced are BaM and the Geary County HS initiative. In reading the grant it feels as if those are the only two initiatives being funded. There is great work happening around the state but none of them are mentioned.
<b>Perinatal/Infant Health</b>
The only programs referenced are BaM and the Geary County HS initiative. In reading the grant it feels as if those are the only two initiatives being funded. There is great work happening around the state but none of them are mentioned.
<b>Child Health</b>
This sounds like no child left behind but there are always children left behind.
<b>Adolescent Health</b>
<b>Children and Youth with Special Health Care Needs</b>
<b>Cross-Cutting/Life Course</b>

**III. Five Year State Action Plan:**

The "Five Year State Action Plan" section of the application also includes information related to the following:

- MCH Workforce Development and Capacity
- Family/Consumer Partnership
- Health Reform
- Emerging Issues

5. I believe the draft application/annual report adequately addressed the required areas listed above:

Answer Options	Percent	Count
Yes	100.0%	22
No	0%	0
<b>answered question</b>		<b>22</b>
<b>skipped question</b>		<b>2</b>

<b>MCH Workforce Development and Capacity</b>
<b>Family Consumer Partnership</b>
<b>Health Reform</b>
<b>Emerging Issues</b>

#### IV. Budget Narrative & Forms

After reviewing the "Budget Narrative and Forms" in the draft MCH Block Grant 2016 Application/2014 Annual Report:

6. I believe the resource allocation/expenditures were adequately addressed.

Answer Options	Percent	Count
Yes	100.0%	21
No	0.0%	0
<b>answered question</b>		<b>21</b>
<b>skipped question</b>		<b>3</b>

7. Please provide questions, comments, and recommendations related to resource allocation/expenditures and any future projects related to MCH Priorities, State Action Plan and Strategies, and Five Year State Action Plan that Title V funding could support.

Answer Options	Count
	0
<b>answered question</b>	<b>0</b>
<b>skipped question</b>	<b>24</b>

Response text

8. Other Comments/Questions/Recommendations:

Answer Options	Count
	4
<b>answered question</b>	<b>4</b>
<b>skipped question</b>	<b>20</b>

Response Text
<p>a) I was not able to review the entire application in depth due to time constraints. However, your work is definitely impressive.</p> <p>b) Regarding my response to input survey Item #11, I would have liked to have seen a little more detail regarding consumer engagement in the II.F.3. Family Consumer Partnership section. If there is space, it would be nice to mention family representation was integrated into CoIIN work. Additionally, regarding the Kansas Maternal and Child Health Council, more detail regarding family representation would be appreciated if appropriate. The last sentence mentions family members bring a "new perspective." If that is the extent of the involvement, no need to elaborate. However, if family representatives are intended to advise, it would be nice to state.</p> <p>c) II.F.3. Family Consumer Partnership section ---Kudos for noting Becoming a Mom is planning work for consumer engagement!</p> <p>d) On page 183, under the topic "Title V MCH Capacity to Provide Services for MCH Populations," KMCHC, describes "The Council is comprised of a multidisciplinary team of professionals with expertise in MCH." Please consider restating as "team of professionals, including family members, with expertise in MCH" if that is the intent of the family involvement.</p> <p>e) CYSCHN, page 151, NPM 2: Family Involvement section --- so impressive!!!! LOVE the following detail!!!!            "...Every priority, objective, strategy and outcome measure of the KS-SHCN 5-Year Plan was either</p>

developed by, with, or with approval of the SHS-FAC. This is one way the program supported family involvement as decision and policy makers.

Family involvement also goes beyond decision- and policy-making needs for the state. Another focus of KS-SHCN is to educate and equip families for involvement in all aspects of their own lives. This includes parents or caregivers advocating for their children, but also advocating for their own needs or to support the overall functioning of their family."

f) I did not see any mention of the Kansas Title V Director's achievement as the 2016 national Excellence in State MCH Leadership awardee. Without inclusion of this factual report, the application is incomplete. Please amend the application.

h) Thank you for seeking public input through an informative and efficient review process!!!!

i) Your work is important, appreciated and making a difference in the lives of Kansans!!!!

The only programs referenced are BaM and the Geary County HS initiative. In reading the grant it feels as if those are the only two initiatives being funded. There is great work happening around the state but none of them are mentioned. I feel the grant should not focus so much narrative on BaM. While I agree it is a great program but it is not the only program showing success in the state and it feels that by solely discussing them that as a state the block grant will shift their focus away from any current funded programs who are not using BaM.

The Action Plan is excellent; it nicely reflects the assessment, priorities, and guiding principles outlined. However, it is unclear how accomplishments and innovations related to sub-objectives (e.g., development activities, community and system changes) will be documented, and how data on patterns reviewed to enhance coordination and promote quality improvement. Perhaps I missed it, but this work would seem to benefit from a monitoring and evaluation system that captures what is going on, prompts reflection overall and with specific priorities and objectives, and allows for transparency and celebration about what partners are doing together to further this MCH plan of action.

9. Is this your first time providing feedback on a draft MCH application/annual report?

Answer Options	Percent	Count
Yes	85.0%	17
No	15.0%	3
<b><i>answered question</i></b>		<b>20</b>
<b><i>skipped question</i></b>		<b>4</b>