

Kansas Title V Maternal and Child Health Services Block Grant

2019 Application / 2017 Annual Report

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



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Executive Summary of Public Input/Feedback/Comments on the DRAFT Kansas Title V Maternal and Child Health Services Block Grant 2019 Application/2017 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 Maternal and Child Health (MCH) Council to assess and identify needs. Always looking for input, staff works 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. The input directly impacts programmatic decisions and state action plan activities continuously and throughout the year. 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. Details related to this year's public input process and period follow.

This executive summary outlines the public input/feedback/comments received by the Kansas Title V MCH - Bureau of Family Health (BFH), Kansas Department of Health and Environment (KDHE) during the development of the 2019 Application/2017 Annual Report of the federal Title V MCH Services Block Grant. The KDHE BFH staff used the input/feedback/comments to complete the Federal Fiscal Year 2019 Title V Block Grant Application.

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

Public Input Period

June 4, 2018 - June 22, 2018

Methods

The following methods were employed to solicit public input/feedback/comments.

- 1) A post card was developed and distributed to partners and Kansas MCH Council members via email and in-person meetings.

Kansas Maternal & Child Health Partner

We need your feedback!

As part of the annual Title V Maternal & Child Health (MCH) Services Block Grant program, Kansas is required to provide a federal report and application available to the public for the purpose of gathering input. The purpose of this survey is to collect information, opinions, and perspectives from consumers and partners across the state who are informed of and concerned about the needs of the MCH population, established services and resources, and existing factors that affect the implementation of policy and programs. Find more information about the program online at: www.kdheks.gov/bfh or www.kansasmch.org.

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

<https://www.surveymonkey.com/r/9NWNT2H>

The survey will open for public input on June 4 and close on June 22, 2018. Please respond so your input can be included in our annual Block Grant Application. Thank you for your comments!

KANSAS
MATERNAL &
CHILD HEALTH

- 2) The following email was sent by the Title V Director to MCH partners statewide including school nurses, councils/committees/boards, community-based organizations, local health departments, providers, grantees, and others. A list of partners 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 2019 Application and 2017 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 22** 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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- 3) The survey link was posted on the BFH website.
- 4) Announcements were posted online, via social media, and in newsletters.

Results

A total of 25 responses were received. Although we had a low number of responses, 75.0% 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 the five MCH population domains:

- Women/Maternal Health (100.0%)
- Perinatal/Infant Health (100.0%)
- Child Health (95.7%)
- Adolescent Health (95.7%)
- Children and Youth with Special Health Care Needs (95.7%).

The majority responded that the 2019 Application and 2017 Annual Report:

- clearly indicates activities, progress, accomplishments, and future activities for each of the state priorities (95.7%);
- demonstrates strong capacity to address priority MCH issues and indicates progress and forward-movement for MCH in Kansas (91.3%); and
- accurately reflects the capacity/work/activities across Kansas as they relate to the state priorities (95.7%).

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

- the State Title V Program Purpose and Design were adequately addressed (100.0%);
- the Supportive Administrative Systems and Processes: MCH Workforce Development, Family Partnership, State Systems Development Initiative and Other MCH Data Capacity Efforts, and Health Care Delivery System were adequately addressed (95.5%);
- the State Action Plan by MCH population domains: Women/Maternal Health, Perinatal/Infant Health, Child Health, Adolescent Health, and Children with Special Health Care Needs was adequately addressed (100.0%); and
- the resource allocation/expenditures were adequately addressed (91.3%).

Detailed survey responses are included as Appendix B.

Approach to Utilizing & Applying Input on an Ongoing Basis

The Kansas Title V MCH Program utilizes input collected during the public comment period and throughout the year to inform state direction and MCH activities such as providing a foundation for the comprehensive statewide needs assessment and bringing together providers from multiple systems 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 epidemiology 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. The Kansas Maternal & Child Health Council (KMCHC) meets quarterly and remains actively involved in reviewing on going input as

well as continually reviewing progress related to the state action plan, assessing and monitoring the needs of MCH populations, and addressing emerging issues faced by families and communities. New activities, collaboratives, councils, coordination, and communication are the keys to success with reaching goals and creating movement toward collectively improving outcomes.

Discussion items within the program and across partners often include:

- Data/benchmarks (positive and negative trends)
- Status of MCH-funding/supported initiatives and activities
- Opportunities for alignment and integration at the state and local levels
- 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 KMCHC.

The MCH program monitors 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 (not comprehensive)

- American Academy of Pediatrics Kansas Chapter
- American Congress of Obstetricians and Gynecologist (ACOG) Kansas Section
- Amerigroup Kansas, Inc.
- Birth Centers
- Central Kansas Mental Health Center
- Cerebral Palsy Research Foundation
- Child Care Providers and Facility Owners
- Children's Alliance
- Chronic Disease & Risk Reduction Program grantees
- Families/Parents/Consumers
- Families Together
- Family Advisory Council
- Family Planning grantees
- Hays Area Children's Center
- High 5 for Mom and Baby hospitals
- Kansas Action for Children
- Kansas Association for the Medically Underserved
- Kansas Breastfeeding Coalition
- Kansas Chapter of Family Physicians
- Kansas Children's Cabinet & Trust Fund
- Kansas Children's Service League
- Kansas Department for Aging and Disability Services
- Kansas Department for Children and Families
- Kansas Foundation for Medical Care
- Kansas Head Start Association
- Kansas Health Foundation
- Kansas Health Institute
- Kansas Healthcare Collaborative
- Kansas Hospital Association and members
- Kansas Immunization Program
- Kansas Infant Death and SIDS (KIDS) Network
- Kansas Injury Prevention Program
- Kansas Maternal & Child Health Council members
- Kansas Perinatal Quality Collaborative members
- Kansas School Nurse Organization and members
- Kansas State Department of Education
- Kansas State University Extension
- Kansas Youth Empowerment Academy
- Local Health Departments and Administrators
- Managed care organizations
- March of Dimes

- MCH grantees and partners
- Mother & Child Health Coalition of Greater Kansas City
- Newborn Hearing Advisory
- Newborn Screening Advisory
- Nutrition Physical Activity Collaborative
- Oral Health Kansas
- Part C Infant-Toddler Services and *tinyK*
- Pregnancy Maintenance Initiative (PMI) grantees
- Safe Kids Kansas
- School nurses
- Special Health Care Needs Specialty Clinics/Providers
- State Children's Institutions
- Sunflower Foundation
- Sunflower Health Plan
- Teen Pregnancy Targeted Case Management and Pregnancy Maintenance Initiative grantees
- United Healthcare
- United Methodist Health Ministry Fund and grantees/partners
- University of Kansas Center for Public Partnerships & Research
- University of Kansas Medical Center – Kansas City
- University of Kansas Medical Center – Wichita
- Women, Infants and Children (WIC)
- WIC grantees/representatives
- Wichita State University Community Engagement Institute

Appendix B: Detailed Survey Responses

[Survey Introduction]

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 2019 Application/2017 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 2019 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_2019App_2017AR.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 domains:

Answers Choices	Strongly Agree	Agree	Disagree	Strongly Disagree	Total	Weighted Average
Women/Maternal Health	6	17	0	0	23	3.26
Perinatal/Infant Health	6	17	0	0	23	3.26
Child Health	5	17	1	0	23	3.17
Adolescent Health	4	18	1	0	23	3.13
Children with Special Health Care Needs	5	17	1	0	23	3.17
<i>answered question</i>					23	
<i>skipped question</i>					2	

2. The Title V MCH 2019 Application and 2017 Annual Report:

Answer Choices	Strongly Agree	Agree	Disagree	Strongly Disagree	Total	Weighted Average
Clearly indicates activities, progress, accomplishments, and future activities for each of the state priorities.	3	19	1	0	23	3.09
Demonstrates strong capacity to address priority MCH issues and indicates progress and forward-movement for MCH in Kansas.	3	18	2	0	23	3.04
Accurately reflects the capacity/work/activities across Kansas as they relate to the state priorities.	3	19	1	0	23	3.09
<i>answered question</i>					23	
<i>skipped question</i>					2	

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

Answer Choices	Percent	Total
Yes	30.43%	7
No	69.57%	16
<i>answered question</i>		23
<i>skipped question</i>		2

Women/Maternal Health
MIHC
Maternal and Infant clinic, screenings at WIC clinic, home visiting nurses, Breastfeeding support, collaborating with community agencies, Becoming A Mom classes, MCH home visitors.
transportation needs, population health scope, depression/anxiety screening
Perinatal/Infant Health
FIMR
Craig HomeCare has partnered with the KU School of Medicine-Wichita Department of Pediatrics to provide 3 post-partum home visits (48 hours post-discharge, 2 weeks post-discharge, and 30 days post-discharge), providing education on infant nutrition/feeding, safe sleep, etc.
Becoming A Mom, WIC screenings that include KBH and immunizations, Well Infant assessments, MCH home visitors. Car seat technician on staff.
Child Health
KBH and immunization screenings, Education on physical activity, healthy foods, bullying, Outreach activities at back to school, Outreach immunization clinics. Car seat technician on staff.
Adolescent Health
KBH and immunization screenings, Education on physical activity, healthy foods, bullying, Outreach activities at back to school, Outreach immunization clinics. Car seat technician on staff.
Children with Special Health Care Needs
Referral to community program. Birth to Three, Greenbush, Tri County, Four County Mental Health, My Family.

II. Five-Year State Action Plan: State Title V Program Purpose and Design

After reviewing the "State Title V Program Purpose and Design" section of the "Five-Year State Action Plan" in the draft MCH Block Grant 2019 Application/2017 Annual Report:

4. I believe the draft application/annual report adequately addressed the required section listed above:

Answer Choices	Percent	Total
Yes	100.00%	24
No	0.00%	0
<i>answered question</i>		24
<i>skipped question</i>		1

III. Five-Year State Action Plan: Supportive Administrative Systems and Processes

The "Supportive Administrative Systems and Processes" section of the "Five-Year State Action Plan" in the application includes information related to the following:

- MCH Workforce Development and Capacity
- Family Partnership
- State Systems Development Initiative and Other MCH Data Capacity Efforts
- Health Care Delivery System

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

Answer Choices	Percent	Total
Yes	95.45%	21
No	4.55%	1
<i>answered question</i>		22
<i>skipped question</i>		3

MCH Workforce Development
Family Partnership
State Systems Development Initiative and Other MCH Data Capacity Efforts
Health Care Delivery System

IV. Five-Year State Action Plan: State Action Plan Narrative by Domain

After reviewing each "State Action Plan Narrative" by MCH population domain for "Annual Report" and "Application Year" in the draft MCH Block Grant 2019 Application/2017 Annual Report:

6. I believe the state action plan was adequately addressed:

Answer Choices	Percent	Total
Yes	100.00%	23
No	0.00%	0
<i>answered question</i>		23
<i>skipped question</i>		2

Women/Maternal Health
We provide education, prenatal care, smoking cessation, immunizations, mental health, and additional services.
Perinatal/Infant Health
Well child, weight checks, immunizations, developmental resources.
Child Health
Well child, immunizations, developmental resources, dental, vision, developmental and additional resources.

Adolescent Health
Education, family planning, well child, immunizations, birth control, mental health, and additional resources
Children with Special Health Care Needs
Local developmental resources for additional services.

V. Financial Narrative: Expenditures and Budget

After reviewing the "Expenditures, Budget Narrative and Forms" in the draft MCH Block Grant 20196 Application/2017 Annual Report:

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

Answer Choices	Percent	Total
Yes	91.30%	21
No	8.70%	2
answered question		23
skipped question		2

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

Responses

9. Other Comments/Questions/Recommendations:

Responses
<p>The report includes two sections that highlight health equity and social determinants that produce inequities. These references are concentrated in two places (pp. 13-14, 279-280), not integrated throughout the report. Perhaps consider--in this report or the next--adding a box insert labeled "Equity Lens" and referencing how this has implications for particular information. For instance, the report notes (p. 12) that Hispanics are "less likely to have a special health care needs child than Whites." Is the need less, or is it just that Hispanic children are under-diagnosed and have more limited access to services? Just posing these kinds of questions would help the reader to have an equity lens as they review information in reports like this.</p> <p>"Hi Chris and Rachel, this is fantastic report and plan! Nice clear presentation; enhanced by success stories, graphics, figures and tables. Well done!</p> <p>However, when providing a few comments at the end of the feedback survey, I clicked "Done" too soon. Here are a few other bits of feedback not entered:</p> <p>--Nice to see the explicit reference to health equity and social determinants of health.</p> <p>-- In this or a future report, you might note how intermediary determinants produce inequities in marginalized groups. These include: a) differential exposures (e.g., to stress, trauma, toxins, lead paint) , b) differential vulnerabilities (e.g., due to low education, discrimination, social exclusion), and c) differential consequences (e.g., limited access to quality health care and elevated risks for mortality and morbidity).</p>

<p>--You might consider adding an “equity lens” to each aspect of the Action plan by including (where disparities exist): a) a gap objective (e.g., By xx, decrease by xx% the gap in infant mortality between Black babies and White babies.”</p> <p>--You might also include strategies to be used to address intermediary determinants—i.e., Policies, programs, and environmental changes to sought to: a) reduce differential exposures (e.g., to stress, trauma, toxins, lead paint), b) enhance capabilities (e.g., through education, discrimination enforcement, social inclusion), and c) modify consequences (e.g., assuring access to quality health care through Medicaid expansion).</p> <p>Thanks for doing such a wonderful body of work on behalf of all of us, including the most vulnerable. “</p>
<p>Page 9: In Community Supporting Breastfeeding section, change "2015" to "2014" in this sentence - "Eighteen communities have achieved the designation since 2015, when the program began with support from KDHE BFH, the KBC, and the Kansas Health Foundation."</p> <p>Page 126: first section, last sentence, change "Breastfeeding Friendly Work Place Initiative" to "Business Case for Breastfeeding" initiative to improve workplace support for breastfeeding.</p> <p>Page 127: Paragraph beginning "The MIECHV-funded programs will continue..." repeated.</p> <p>Page 343: Question data for 2017 in Table ESM 4.1 - Percent of WIC infants breastfed exclusively through six months in designated Communities Supporting Breastfeeding</p>
<p>It is exceptionally well done.</p>
<p>None at this time.</p>

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

Answer Choices	Percent	Total
Yes	75.00%	15
No	25.00%	5
answered question		20
skipped question		5