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

Communities and providers support physical, social and emotional health.

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

Services are comprehensive and coordinated across systems and providers.

Information is available to support informed health decisions and choices.

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

Developmentally appropriate care and services are provided across the lifespan.

Services and supports promote healthy family functioning.

Priorities:

1. Women have access to and receive coordinated, comprehensive services before, during and after pregnancy.
2. Developmentally appropriate care and services are provided across the lifespan.
3. Families are empowered to make educated choices about infant health and well-being.
4. Communities and providers support physical, social and emotional health.
5. Services and supports promote healthy family functioning.
6. Professionals have the knowledge and skills to address the needs of maternal and child health populations.
7. Services are comprehensive and coordinated across systems and providers.
8. Information is available to support informed health decisions and choices.

Domains:

- Maternal
- Perinatal
- Infant
- Child
- Adolescent
- CYSHCN
- Cross-Cutting

Kansas Title V Maternal & Child Health
5-Year State Action Plan
2016-2020
TITLE V MATERNAL & CHILD HEALTH (MCH)

POPULATION DOMAINS*

- Women/Maternal
- Perinatal/Infant
- Child
- Adolescent
- Children & Youth with Special Health Care Needs (CYSHCN)
- Cross-cutting/Life Course

PERFORMANCE MEASURES

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*The Title V Maternal and Child Health (MCH) Services Block Grant was authorized in 1935 as part of the Social Security Act. Title V’s mission is 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. The program is funded through the Health Resources and Services Administration’s Maternal and Child Health Bureau (MCHB) and administered by the Kansas Department of Health and Environment, Bureau of Family Health. States are required to conduct a statewide needs assessment every five years and identify priority needs and measures for six MCH Population Domains: Women & Maternal, Perinatal & Infant, Child, Adolescent, Children & Youth with Special Health Care Needs, and Cross-cutting/Life course. Although each state priority is linked with an individual domain, Kansas recognizes that many priorities and objectives may address needs across populations and is dedicated to focusing on aligning efforts as necessary for maximum impact. Find more information at www.kansasmch.org or www.kdheks.gov/bfh.
Women have access to and receive coordinated, comprehensive services before, during and after pregnancy

**OBJECTIVE 1.1** Increase the proportion of women receiving a well-woman visit annually.

**OBJECTIVE 1.2** Increase the number of completed referrals for services in response to prenatal/postnatal risk screening at every visit by 2020.

**OBJECTIVE 1.3** Increase the number of established perinatal community collaboratives (e.g., Becoming a Mom (BAM) programs) by at least 5 annually by 2020.

**OBJECTIVE 1.4** Increase the percent of pregnant women on Medicaid with a previous preterm birth who receive progesterone to 40% by 2018 and increase annually thereafter.

**OBJECTIVE 1.5** Decrease non-medically indicated births between 37 0/7 weeks of gestation through 38 6/7 weeks of gestation to less than 5% by 2020.

**NPM** Well-woman visit (Percent of women with a past year preventive medical visit)  
**SPM** Percent of preterm births (<37 weeks gestation)
OBJECTIVE 2.1 Increase opportunities to empower families and build strong MCH advocates by 2020.

OBJECTIVE 2.2 Increase the number of providers with capacity to provide trauma-informed care by 2020.

OBJECTIVE 2.3 Increase the number of families receiving home visiting services through coordination and referral services by 5% annually.
PRIORITY 3

Children

Developmentally appropriate care and services are provided across the lifespan

OBJECTIVE 3.1 Increase the proportion of children aged 1 month to kindergarten entry statewide who receive a parent-completed developmental screening annually.

OBJECTIVE 3.2 Provide annual training for child care providers to increase knowledge and promote screening to support healthy social-emotional development of children.

OBJECTIVE 3.3 Increase by 10% the number of children through age 8 riding in age and size appropriate car seats per best practice recommendations by 2020.

OBJECTIVE 3.4 Increase the proportion of families receiving education and risk assessment for home safety and injury prevention by 2020.

OBJECTIVE 3.5 Increase the percent of home-based child care facilities implementing daily routines involving at least 60 minutes of daily physical activity per CDC recommendations to decrease risk of obesity by 2020.

OBJECTIVE 3.6 Increase the percent of children and adolescents (K-12 students) participating in 60 minutes of daily physical activity.

NPM Developmental screening (Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool)

SPM Percent of children 6 through 11 and adolescents 12 through 17 who are physically active at least 60 minutes/day

NPM Child Injury (Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents ages 10 through 19)
Families are empowered to make educated choices about infant health and well-being

**OBJECTIVE 4.1** Increase the number of communities that provide a multifaceted approach to breastfeeding support across community sectors by at least 10 by 2020.

**OBJECTIVE 4.2** Increase the proportion of births delivered at Baby Friendly hospitals by 2020.

**OBJECTIVE 4.3** Increase the proportion of women and pregnant women receiving education related to the impact of prenatal and postpartum nutrition and exercise on optimal infant feeding by 2020.

**OBJECTIVE 4.4** Implement a multi-sector (community, hospitals, maternal and infant clinics) safe sleep promotion model by 2018.
OBJECTIVE 5.1  Increase the number of schools that are implementing programs that decrease risk factors associated with bullying by 2020.

OBJECTIVE 5.2  Increase the number of adolescents aged 12 through 17 years accessing positive youth development, prevention, and intervention services and programs by 2020.

OBJECTIVE 5.3  Increase access to programs and providers serving adolescents that assess for and intervene with those at risk for suicide.

OBJECTIVE 5.4  Develop a cross-system partnership and protocols to increase the proportion of adolescents receiving annual preventive services by 2020.

OBJECTIVE 5.5  Increase the number of adolescents receiving immunizations according to the recommended schedule by 2020.

NPM  Adolescent well-visit (Percent of adolescents, 12 through 17, with a preventive medical visit in the past year)
OBJECTIVE 6.1  Increase the proportion of smoking women referred to evidence-based cessation services to 95% or higher by 2020.

OBJECTIVE 6.2  Increase abstinence from cigarette smoking among pregnant women to 90% by 2020.

OBJECTIVE 6.3  Implement collaborative oral health initiatives, identify baseline measures, and expand oral health screening, education, and referral by 2020.

OBJECTIVE 6.4  Build MCH capacity and support the development of a trained, qualified workforce by providing professional development events at least four times each year through 2020.

OBJECTIVE 6.5  Deliver annual training and education to ensure that providers have the ability to promote diversity, inclusion, and integrate supports in the provision of services for the Special Health Care Needs (SHCN) population into adulthood.
OBJECTIVE 7.1 Increase family satisfaction with the communication among their child’s doctors and other health providers to 75% by 2020.

OBJECTIVE 7.2 Increase the proportion of families who receive care coordination supports through cross-system collaboration by 25% by 2020.

OBJECTIVE 7.3 Develop an outreach plan to engage partners, providers, and families in the utilization of a shared resource to empower, equip, and assist families to navigate systems for optimal health outcomes by 2020.
PRIORITY 8
CROSS-CUTTING/LIFE COURSE

Information is available to support informed health decisions and choices

OBJECTIVE 8.1 Increase the proportion of MCH grantees that provide health information education to clients to improve health decision making among women, pregnant women, children, adolescents, and children and youth with special health care needs annually.

OBJECTIVE 8.2 Partner with Health Literacy Kansas (HLK) to provide training to improve the knowledge of parents and teens as to the importance of making informed health decisions by 2020.

OBJECTIVE 8.3 By 2020, create and disseminate a toolkit for preschool through school-aged providers with a curriculum and activities designed to teach children and adolescents about healthy habits and choices.

OBJECTIVE 8.4 Increase youth-focused and youth-driven initiatives to support successful transition, self-determination, and advocacy by 2020.

OBJECTIVE 8.5 Incorporate information regarding changes to the health care system into existing trainings and technical assistance by 2020.

SPM 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