

# Kansas Title V Maternal and Child Health Services Block Grant

## 2018 Application / 2016 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  
2018 Application/2016 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. 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.

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 2018 Application/2016 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 2018 Application/2016 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 2018 Title V Block Grant Application.

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

**Public Input Period**

June 16, 2017 – July 3, 2017

**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, 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 2018 Application and 2016 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 **July 3** 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) A post card was developed and distributed to partners and 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 and view the application: <http://www.kdheks.gov/bfh/>.

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

<https://www.surveymonkey.com/r/5GPZQ62>

The survey will close for public input on July 3, 2017 to assure input can be included in our annual Block Grant Application. Thank you for your comments!

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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 44 responses were received. Although we had a low number of responses, 65.6% 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 six population health domains:

- Women/Maternal Health (97.6%)
- Perinatal/Infant Health (97.6%)
- Child Health (97.6%)
- Adolescent Health (95.2%)
- Children and Youth with Special Health Care Needs (95.2%)
- Cross-Cutting/Life Course (95.0%)

The majority responded that the 2018 Application and 2016 Annual Report:

- clearly indicates activities, progress, accomplishments, and future activities for each of the state priorities (97.6%);
- demonstrates strong capacity to address priority MCH issues and indicates progress and forward-movement for MCH in Kansas (95.2%); and
- accurately reflects the capacity/work/activities across Kansas as they relate to the state priorities (92.9%).

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

- the state action plan and strategies were adequately addressed (89.2%);
- the MCH Workforce Development and Capacity, Family/Consumer Partnership, Health Reform, and Emerging Issues were adequately addressed (97.0%); and
- the resource allocation/expenditures were adequately addressed (90.6%).

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
- Amerigroup Kansas, Inc.
- American Congress of Obstetricians and Gynecologist (ACOG) Kansas Section
- 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 2018 Application/2016 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 2018 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\\_2018App\\_2016AR.pdf](http://www.kdheks.gov/bfh/download/KS_MCH_BG_2018App_2016AR.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 Choices	Strongly Agree	Agree	Disagree	Strongly Disagree	Total	Weighted Average
Women/Maternal Health	14	27	1	0	42	3.31
Perinatal/Infant Health	14	26	1	0	41	3.32
Child Health	13	28	1	0	42	3.29
Adolescent Health	11	29	2	0	42	3.21
Children and Youth with Special Health Care Needs	11	29	2	0	42	3.21
Cross-Cutting/Life Course	6	32	2	0	40	3.10
<i>answered question</i>						<b>42</b>
<i>skipped question</i>						<b>2</b>

2. The Title V MCH 2016 Application and 2014 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.	14	27	1	0	42	3.31
Demonstrates strong capacity to address priority MCH issues and indicates progress and forward-movement for MCH in Kansas.	13	27	2	0	42	3.26
Accurately reflects the capacity/work/activities across Kansas as they relate to the state priorities.	12	27	3	0	42	3.21
<i>answered question</i>						<b>42</b>

<i>skipped question</i>	<b>2</b>
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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).

<b>Answer Choices</b>	<b>Percent</b>	<b>Total</b>
Yes	27.91%	12
No	72.09%	31
<i>answered question</i>		<b>43</b>
<i>skipped question</i>		<b>1</b>

<b>Women/Maternal Health</b>
We attend local Health Fairs in our county when asked. We advertise in our local papers and on Facebook.
We provide free pregnancy testing, sonogram services, child-birth education, material support and pregnancy maintenance services to help moms (and their families) thrive during and after a pregnancy. We also offer free STD testing/treatment to the community and help them understand the link to increased sexual activity and increased risk of contracting an STD.
Mental Health First Aid taught is all communities to help women of all ages. Resources from the local Community Mental Health Centers for Becoming a Mom classes.
<b>Perinatal/Infant Health</b>
We advertise in our local papers and on Facebook.
Free child-birth education classes offered. Doctor Dad curriculum offered increases both mom and dads understanding of basic infant/toddler health care needs. Our center offers a class that teaches caregiver ways to increase the bonding experiences between caregiver and infant in an effort to create stronger attachments and healthy emotions in children.
<b>Child Health</b>
We advertise in our local papers and on Facebook.
<b>Adolescent Health</b>
We attend local Health Fairs in our county when asked. We advertise in our local papers and on Facebook. We go to all the schools in our district and education on dental health.
Schools embracing Youth Mental Health First Aid for all school personnel - teachers, counselors, social workers, nurses and other personnel who have contact with children. These positions include lunchroom staff, bus drivers, para-professionals, and maintenance staff. Coaches should certainly be included if they do not teach in the schools where they coach.
<b>Children and Youth with Special Health Care Needs</b>
We have very few special needs clients that come into our facility.
<b>Cross-Cutting/Life Course</b>
We recommend anyone that we are aware of that cross-cutting/life course to our local resources of Crosswinds.

## 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 2018 Application/2016 Annual Report:

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

Answer Choices	Percent	Total
Yes	89.19%	33
No	10.81%	4
<b>answered question</b>		<b>37</b>
<b>skipped question</b>		<b>7</b>

<b>Women/Maternal Health</b>
Are you providing Family Planning well women visits as numbers for this part.
Please consider adding oral health to the appropriate services that a woman should access before, during, and after pregnancy.
The listed strategies have not worked for years now as they are outdated. The plan does not address current situations of women/maternal health. Care is available but women do not want it. We are not addressing root problems still.
<b>Perinatal/Infant Health</b>
Just training the workforce does not reciprocate into reducing the SIDS incidence. That training needs to expand into the general population awareness and response.
Add strategy 2.3.3 Include oral health education regarding bacteria transmission, diet, oral hygiene, and first dental visit through existing programs such as Becoming a Mom, WIC, and home visiting.
Children are living in horrible conditions and no agency seems to be able to get them out. Healthcare is available but no adult will bring the children in for it.
<b>Child Health</b>
Adults do not commit to health issues in their children unless it is an emergency. Parents do not get that prevention is better than reaction.
<b>Adolescent Health</b>
Bullying activities are very hard to measure and to provide to this population. Very hard to reach population to make a difference. Needs to start sooner than 12.
Programs and training does not improve health.
<b>Children and Youth with Special Health Care Needs</b>
Increase education on what counties are covered by what entities. I didn't even know another county was providing these services for my county.
Mental health issues are seldom improved. Specialists that really know how to help this age group are not available and all the in-house treatments facilities have been closed.
<b>Cross-Cutting/Life Course</b>
How are you tracking Reproductive Life Plans?
Suggested revision of wording for strategy 7.3.5 Educate medical and dental providers about importance and safety of dental services for pregnant women and children starting at age 1.

### 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 Choices	Percent	Total
Yes	96.97%	32
No	3.03%	1
<b>answered question</b>		<b>33</b>
<b>skipped question</b>		<b>11</b>

<b>MCH Workforce Development and Capacity</b>
Small rural communities do not focus on health improvement. Take care of yourself and i will take care of me. This is the attitude from the top down.
<b>Family Consumer Partnership</b>
This is never a two-way street. One group lets the other do the work and if they can get something out of it that is good and when they don't the program goes away.
<b>Health Reform</b>
There needs to be some teeth in making people take health reform seriously. They address health when it is an emergency.
<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:

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

Answer Choices	Percent	Total
Yes	90.62%	29
No	9.38%	3
<b>answered question</b>		<b>32</b>
<b>skipped question</b>		<b>12</b>

- 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.

<b>Responses</b>
Increase support for Immunization Initiatives within MCH.

- Other Comments/Questions/Recommendations:

<b>Response Text</b>
I reviewed the information when you first sent it out and the survey link did not work . This time it worked but the information was not fresh on my mind. I do not remember any grievances.
I want to thank the department for its thoughtful consideration of incorporating oral health into so many of the programs and services provided through MCH. On behalf of Oral Health Kansas, I thank you for including oral health in the specialty team clinics, Becoming a Mom curriculum, and child care training. We believe including oral health in these services and training programs will have a lasting impact on underserved families. We also are heartened to see the interest in future partnerships to inform insurers about the

dental needs of children with special health care needs. Dental coverage remains one of the largest gaps in the health insurance system, and we would welcome the opportunity to partner with the department on quantifying the gaps and working with the insurance companies to address them.

I liked the examples of what counties were doing to exemplify certain measures.

I understand the formatting is not the priority, but it did make it hard to follow. I also wish there was more of a budget breakdown into different programs and amount allocated/spent. It also was very wordy and repetitive - I think summaries might have worked in some areas where the information had been previously addressed.

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

<b>Answer Choices</b>	<b>Percent</b>	<b>Total</b>
Yes	65.62%	21
No	34.38%	11
<b><i>answered question</i></b>		<b>32</b>
<b><i>skipped question</i></b>		<b>12</b>