



## DRAFT: 2018 APPLICATION/2016 ANNUAL REPORT MCH BLOCK GRANT PUBLIC INPUT

### **1. Your INPUT is needed!**

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!

Note: If you need to save and come back to this survey at a later date, please click "Exit this survey" (top right hand corner). You must return on the same computer to start where you left off.



## DRAFT: 2018 APPLICATION/2016 ANNUAL REPORT MCH BLOCK GRANT PUBLIC INPUT

### **2. I. Needs Assessment & State Priorities**

The identified priorities and selected State (SPMs) and National Performance Measures (NPMs) for the period 2016-2020 are listed below:

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

Priority 2: Services and supports promote healthy family functioning.

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

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

Priority 5: Communities and providers support physical, social, and emotional health.

Priority 6: Professionals have the knowledge and skills to address the needs of maternal and child health populations.

Priority 7: Services are comprehensive and coordinated across systems and providers.

Priority 8: Information is available to support informed health decisions and choices.

- NPM1: Well-woman visit (Percent of women with a past year preventive medical visit)
- NPM4: Breastfeeding (A. Percent of infants who are ever breastfed and B. Percent of infants breastfed exclusively through 6 months)
- NPM6: Developmental screening (Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool)
- NPM7: Child Injury (Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9)
- NPM9: Bullying (Percent of adolescents, 12 through 17, who are bullied or who bully others)
- NPM10: Adolescent well-visit (Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year)
- NPM11: Medical home (Percent of children with and without special health care needs having a medical home)
- NPM14: Smoking during Pregnancy and Household Smoking (A. Percent of women who smoke during pregnancy; B. Percent of children who live in households where someone smokes)
  
- SPM1: Percent of preterm births (<37 weeks gestation)
- SPM2: Percent of children living with parents who have emotional help with parenthood
- SPM3: Percent of children ages 6 through 11 and adolescents ages 12 through 17 who are physically active at least 60 minutes per day
- SPM4: Number of Safe Sleep (SIDS/SUID) trainings provided to professionals
- SPM5: 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. 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:**

	Strongly Agree	Agree	Disagree	Strongly Disagree
Women/Maternal Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perinatal/Infant Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adolescent Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children and Youth with Special Health Care Needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cross-Cutting/Life Course	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**2. The Title V MCH 2018 Application and 2016 Annual Report:**

	Strongly Agree	Agree	Disagree	Strongly Disagree
Clearly indicates activities, progress, accomplishments, and future activities for each of the state priorities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates strong capacity to address priority MCH issues and indicates progress and forward-movement for MCH in Kansas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accurately reflects the capacity/work/activities across Kansas as they relate to the state priorities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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).**

- Yes
- No



DRAFT: 2018 APPLICATION/2016 ANNUAL REPORT MCH BLOCK GRANT PUBLIC INPUT

**3. I. Needs Assessment & State Priorities**

Please provide information about resources, activities, initiatives, efforts that tie directly to MCH priorities by population health domains.

**4. Women/Maternal Health**

**5. Perinatal/Infant Health**

**6. Child Health**

**7. Adolescent Health**

**8. Children and Youth with Special Health Care Needs (CYSHCN)**

**9. Cross-Cutting/Life Course**



DRAFT: 2018 APPLICATION/2016 ANNUAL REPORT MCH BLOCK GRANT PUBLIC INPUT

**4. II. 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:

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

- Yes
- No



DRAFT: 2018 APPLICATION/2016 ANNUAL REPORT MCH BLOCK GRANT PUBLIC INPUT

## 5. II. State Action Plan and Strategies by MCH Population Health Domains

Please provide comments or questions you may have for the following state action plan and strategies by MCH population health domains.

### 11. Women/Maternal Health

### 12. Perinatal/Infant Health

### 13. Child Health

### 14. Adolescent Health

### 15. Children and Youth with Special Health Care Needs

16. Cross-Cutting/Life Course



DRAFT: 2018 APPLICATION/2016 ANNUAL REPORT MCH BLOCK GRANT PUBLIC INPUT

**6. 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

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

- Yes
- No



DRAFT: 2018 APPLICATION/2016 ANNUAL REPORT MCH BLOCK GRANT PUBLIC INPUT

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

Please provide comments or questions you may have for the following sections of the "Five Year State

Action Plan".

**18. MCH Workforce Development and Capacity**

**19. Family Consumer Partnership**

**20. Health Reform**

**21. Emerging Issues**



DRAFT: 2018 APPLICATION/2016 ANNUAL REPORT MCH BLOCK GRANT PUBLIC INPUT

**8. IV. Budget Narrative & Forms**

After reviewing the "Budget Narrative and Forms" in the draft MCH Block Grant 2018 Application/2016 Annual Report:



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

- Yes
- No



DRAFT: 2018 APPLICATION/2016 ANNUAL REPORT MCH BLOCK GRANT PUBLIC INPUT

**9. IV. Budget Narrative & Forms**

23. 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.



DRAFT: 2018 APPLICATION/2016 ANNUAL REPORT MCH BLOCK GRANT PUBLIC INPUT

**10. V. Other Comments/Questions/Recommendations**

24. Other Comments/Questions/Recommendations:



DRAFT: 2018 APPLICATION/2016 ANNUAL REPORT MCH BLOCK GRANT PUBLIC INPUT

**11. VI. Contact Information**

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

Yes

No

26. Please provide your contact information so KDHE-Bureau of Family Health staff can contact you if they have questions or need further information related to your feedback. (Optional)

Name:

Organization:

Email Address:

Phone Number:



DRAFT: 2018 APPLICATION/2016 ANNUAL REPORT MCH BLOCK GRANT PUBLIC INPUT

**12. Survey Completed**

Thank you for taking the time to provide your feedback!

To edit this survey:

\*Click Exit This Survey (top right hand corner) and you can return to the survey at a later date.

\*Click Prev to return to previous pages to make edits.

To submit this survey:

\*Click Done for your feedback to be reviewed and considered.