

Kansas Title V Maternal and Child Health Services Block Grant 2016 Application / 2014 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
2016 Application/2014 Annual Report**

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

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 2016 Application/2014 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 2016 Application/2014 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 2016 Title V Block Grant Application.

Public input/feedback/comment period

June 18, 2015 - July 6, 2015

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 Block Grant 2016 Application and 2014 Annual Report. The MCH Block Grant is administered by the Kansas Department of Health and Environment, Division of Public Health, Bureau of Family Health (BFH). Please take time to review this year's block grant application and provide comments/additional detail you might have to strengthen the application. After reviewing the draft document, we ask that you complete a short online survey (<https://www.surveymonkey.com/r/HY95QLT>). Please respond to the survey by July 6 in order to ensure that your comments are reviewed and considered for incorporation into the application. The survey and draft application are posted on the KDHE BFH website.

Resources to increase your knowledge about the block grant and Kansas' priority issues for 2016-2020 can be found on the MCH Block Grant website (<http://www.kdheks.gov/c-f/mch.htm>). Your input is valuable and needed to assure the MCH Program is guided by the needs of Kansas families and MCH 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, the MCH block grant 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 46 responses were received.

The KDHE BFH spent the past year conducting the needs assessment with an approach focused on not only creating a meaningful, responsive action plan, but also building a strong platform to maximize resources, develop and sustain mutually reinforcing relationships, and deliver outcomes. There were a number of opportunities for partners, families, and the public to provide feedback related to MCH services and populations.

Nearly half (45.7%) responded that they provided input through MCH Services Input Survey (Online), followed by Public Health Regional Meetings (AMCHP Compendium) (34.8%), Title V Needs Assessment Survey (Online) (17.4%), Communities for Kids Meetings (13.0%), Special Health Care Needs Strategic Planning Meetings (13.0%), Family Advisory Council Meetings (13.0%), Adolescent Health Survey (Online) (10.9%), Kansas MCH Council Meetings (6.5%), Adolescent Health Focus Groups (4.3%), Blue Ribbon Panel on Infant Mortality Meetings (2.2%), and Parent Leadership Conference (2.2%). Eleven (23.9%) responded that they did not provide input through the needs assessment surveys, meetings or focus groups listed above.

The majority of the respondents strongly agreed, or agreed that the current Maternal & Child Health Needs Assessment process:

- increased understanding of the Title V MCH Block Grant, initiatives, and services (100.0%).
- was effective for public input (95.3%).
- reflected broad public input (93.0%).
- was accessible (90.5%).
- was reasonable (95.3%).

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 (100.0%)
- Perinatal/Infant Health (100.0%)
- Child Health (100.0%)
- Adolescent Health (10.0%)
- Children and Youth with Special Health Care Needs (97.4%)
- Cross-Cutting/Life Course (86.5%)

The majority responded that the Title V MCH 2016 Application and 2014 Annual Report:

- clearly indicates activities, progress, accomplishments, and future activities for each of the state priorities (94.7%).
- demonstrates strong capacity to address priority MCH issues and indicates progress and forward-movement for MCH in Kansas (100.0%).
- accurately reflects the capacity/work/activities across Kansas as they relate to the state priorities (94.7%).

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

- the state action plan and strategies were adequately addressed (91.4%).
- the MCH Workforce Development and Capacity, Family/Consumer Partnership, Health Reform, and Emerging Issues were adequately addressed (94.3%).
- the resource allocation/expenditures were adequately addressed (91.4%).

Detailed survey responses are included as Appendix B.

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 2016 Application/2014 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 2016 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/c-f/downloads/KS_MCH_BG_2016App_2014AR.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. Public Input Process

The Kansas Department of Health and Environment (KDHE) spent the past year conducting the needs assessment with an approach focused on not only creating a meaningful, responsive action plan, but also building a strong platform to maximize resources, develop and sustain mutually reinforcing relationships, and deliver outcomes. There were a number of opportunities for partners, families, and the public to provide feedback related to MCH services and populations.

1. Through which of the following Needs Assessment surveys, meetings, or focus groups did you provide input? (Check all that apply.)

Answer Options	Percent	Count
MCH Services Input Survey (Online)	45.7%	21
Public Health Regional Meetings (AMCHP Compendium)	34.8%	16
Title V Needs Assessment Survey (Online)	17.4%	8
Communities for Kids Meetings	13.0%	6
Special Health Care Needs Strategic Planning Meetings	13.0%	6
Family Advisory Council Meetings	13.0%	6
Adolescent Health Survey (Online)	10.9%	5
Kansas MCH Council Meetings	6.5%	3
Adolescent Health Focus Groups	4.3%	2
Blue Ribbon Panel on Infant Mortality Meetings	2.2%	1
Parent Leadership Conference	2.2%	1
None of the Above	23.9%	11
<i>answered question</i>		46
<i>skipped question</i>		0

2. I believe the current Maternal & Child Health Needs Assessment process:

Answer Options	Strongly Agree	Agree	Disagree	Strongly Disagree	Rating Average	Count
Increased my understanding of the Title V MCH Block Grant, initiatives, and services.	14	29	0	0	3.33	43

Was effective for public input.	10	31	2	0	3.19	43
Reflected broad public input.	9	31	3	0	3.14	43
Was accessible.	13	25	4	0	3.21	42
Was reasonable.	13	28	2	0	3.26	43
answered question						43
skipped question						3

3. How could the Maternal & Child Health Needs Assessment process be improved, promoted, etc.?

Answer Options	Count
	11
answered question	11
skipped question	35

Response Text
#1:We need to get youth interested in promoting public health initiatives. #2:It is a wonderful informative and efficient process. Would like to see youth/young adult representation increased if possible.
Not sure.
More input from private medical providers...the private medial community who are critical to the success of this effort play a minimal role in this process.
Write it in laymen language.
Have local health departments advertise meetings to communities, target populations and staff.
I am not sure.
More condensed ---several notices on flyers in locations that people frequent -include benefits
I think it is important to clearly state the purpose of the Community meetings when promoting them to public, as well as at the beginning of a meeting-- I attended one of these meetings based on a promotional flyer I received by e-mail because it seemed like an important event, and honestly, I could not determine the purpose of the meeting until about mid-way through the event, and it was clear that some other participants got all the way through the meeting without understanding the reason for the meeting.
Parents were not aware of the process to my knowledge
I feel it has done a thorough job.
I did not notice any mention of the KCCTF Kansas Blueprint for Early Childhood in the partnership or programmatic activity sections. Perhaps inclusion would show additional collaborative work? The work of the MCH Title V work fits nicely under the Blueprint building block "Healthy Families".

II. Needs Assessment & State Priorities

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

Priority 1: Women have access to and receive coordinated, comprehensive care and 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 nutrition and physical activity.

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 and adolescents ages 10 through 19)
- 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)

4. 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	15	23	0	0	3.39	38
Perinatal/Infant Health	15	24	0	0	3.38	39
Child Health	14	25	0	0	3.36	39
Adolescent Health	12	27	0	0	3.31	39
Children and Youth with Special Health Care Needs	15	23	1	0	3.36	39
Cross-Cutting/Life Course	10	22	5	0	3.14	37
<i>answered question</i>						39
<i>skipped question</i>						7

5. 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.	15	21	2	0	3.34	38
Demonstrates strong capacity to address priority MCH issues and indicates progress and forward-movement for MCH in Kansas.	14	24	0	0	3.37	38
Accurately reflects the capacity/work/activities across Kansas as they relate to the state priorities.	13	23	2	0	3.29	38
<i>answered question</i>						38
<i>skipped question</i>						8

6. 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	29.7%	11
No	70.3%	26
answered question		37
skipped question		9

Women/Maternal Health
Becoming a Mom, Teen Pregnancy Targeted Case Management, Family Planning, Healthy Start, WIC
I think if we had more meaningful ways for women particularly those in abusive relationships or who cannot support and therefore must remain in abusive relationships, to support themselves we could have more success with healthy women and children.
WIC program, text for babies, March of Dimes, SHS, Smoking Cessation Programs
Perinatal/Infant Health
NPM 4 - please update the number of child care providers having completed the training course "How to Support the Breastfeeding Mother & Family" from 326 stated on page 50 to 1,113 child care providers.
Becoming a Mom, Teen Pregnancy Targeted Case Management, Healthy Start, WIC
Early intervention services, health dept. in communities across Kansas, WIC program, March of Dimes, Smoking Cessation Programs.
Child Health
Teen Pregnancy Targeted Case Management, WIC
The KDHE Injury Prevention Program will assist however we are needed. Injury is the leading cause of death for Kansans ages 1 - 44. Safe Kids has 24 local coalitions serving 28 counties, covering 75% of the states 0 - 19 population being served by a local Safe Kids Coalition. Bullying Prevention programs in over 15 local schools, implementing the Committee for Children curriculum.
Early intervention services, educational resources, parental supports, IEP/504/IHP, immunizations
Adolescent Health
Currently I serve as the workgroup leader for AMCHP's Family and Youth Leadership Committee, Adolescent Health subgroup. We are working to identify best practices related to adolescent/young adult engagement. Will be sure to share our findings with our State's Title V Program. Also, would love to see Kansas youth again advise health practice and policy as they did via the Youth Advisory Council with the D-70 Systems in Sync initiative - but in relation to all health, not just special health care needs.
Teen Pregnancy Targeted Case Management
Trainings on mental health r/t adolescents, educational resources, parental supports, IEP/504/IHP, Education r/t smoking and the effects on health, immunizations
Children and Youth with Special Health Care Needs
The leadership of this Title V section has pioneered a family engagement model that is being sought nationally as best practice within the MCH profession. Its Care Coordination initiative (one of the five priorities for the next 5-years) can aspire to serve as a licensable model throughout Kansas and eventually MCH Region VII and nationally including utilization by private insurers who potentially can feed back revenue to the Title V Program. Even if it is \$1/month per client, that would be something novel!
Regional office
There is a lack of information about how families are supported to make sure that health care concerns are met at school. Support for parent training is lacking.
SHS, Youth Empowerment Committee, Transitional Living training, access to Voc Rehab, Medicaid application
Cross-Cutting/Life Course
If we can engage youth early and have them identify outcomes of import to their population, then work toward improving those outcomes, we can measurably and positively impact their health across the life

course. Family Caregiver Health is one of the Special Health Care Needs Programmatic five priorities. We can weave this priority throughout the other MCH domains and continuously improve the health of families in Kansas from preconception onward!
This is the area where life skills are badly needed - such as how to cook- how to stretch a dollar how to find the best nutrition for the best cost.
Medicaid application, preventative care, referral to other community resources for needed services

III. 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:

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

Answer Options	Percent	Count
Yes	91.4%	32
No	8.6%	3
answered question		35
skipped question		11

Women/Maternal Health
They need some health needs insurance.
Perinatal/Infant Health
Some mothers need more than others. Culture differences
Child Health
This sounds like no child left behind but there are always children left behind.
Adolescent Health
Does this cover those with mental health issues not being dealt with.
Children and Youth with Special Health Care Needs
More money is needed and what money is given should not be taken away. It should roll over.
Families need additional support from other families to face the challenges of raising a child with disabilities or special health care needs. Children spend a lot of time in school and parents should be supported in learning to integrate health care plans into the IEP.
Cross-Cutting/Life Course
I need to think about this one. I know that change is not always good.

IV. 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

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

Answer Options	Percent	Count
Yes	94.3%	33
No	5.7%	2
answered question		35
skipped question		11

MCH Workforce Development and Capacity
The plan is great its implementation that is the problem. perhaps bringing it back to the community level for implementation is the best way.
Family Consumer Partnership
Helping families learn to navigate and become true partners with their child's health care providers is not strong in the application.
Health Reform
Identifying where these individuals are and how to get them to participate in health related activities is still the problem.
Emerging Issues
Self-sufficiency and self-reliance

V. Budget Narrative & Forms

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

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

Answer Options	Percent	Count
Yes	91.4%	32
No	8.6%	3
answered question		35
skipped question		11

10. 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
	3
answered question	3
skipped question	43

Response text
Budget cuts don't always meet the needs of the people just because they work for the government.
The stated amounts need to have a focus that puts more dollars where they directly affect the consumers and fewer state employees. Better partnerships with communities across the state would make the programs stronger.
The cost of everything basics food rent utilities are still the problem with individuals who want to be healthier, but simply cannot put everything together.

11. Other Comments/Questions/Recommendations:

Answer Options	Count
	7
<i>answered question</i>	7
<i>skipped question</i>	39

Response Text
Our State's Title V Program is truly a national gem. Its leadership and staff is innovative, creative, thoughtful, efficient, competent, adaptive, transparent and responsive in service to the needs of all Kansans as well as its public and private health partners. It serves to inform best practices across the nation and its leadership and staff are sought out to mentor other states' work. It really shines in the family engagement arena. Thank you so much!
N/A.
Meet the needs of the people and look at preventative medicine that the state won't cover.
Our agency finds that too many men want to have the sexual encounter but do not want to shoulder the responsibilities of the results of that encounter. So fatherless homes are becoming more common.
Everything was done quite well but it was not the easiest to understand.
This document is well done and encompasses quite a bit r/t Kansans throughout the life span and differing cultures along with areas of the state.
Just a recommendation to include the Kansas Blueprint for Early Childhood in a section you think best aids the application.