KANSAS MATERNAL & CHILD HEALTH

KDHE BUREAU OF FAMILY HEALTH
TITLE V MATERNAL & CHILD HEALTH (MCH) SERVICES BLOCK GRANT PROGRAM
FFY 2016 APPLICATION / 2014 ANNUAL REPORT

State Priorities
States conduct a 5-year needs assessment to identify 7-10 state MCH priorities.

1. Women have access to and receive coordinated, comprehensive care and services before, during and after pregnancy.
2. Services and supports promote healthy family functioning.
3. Developmentally appropriate care and services are provided across the lifespan.
4. Families are empowered to make educated choices about nutrition and physical activity.
5. Communities and providers support physical, social, and emotional health.
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.

National Performance Measures (NPMs)
States select 8 of 15 that address the state priority needs; at least one from each population domain area.*

- 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, 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)

Evidence-Based or -Informed Strategy Measures (ESMs): To be developed by May 2016.
States create ESMs designed to impact the NPMs. These measures would assess the impact of State Title V strategies and activities contained in the State Action Plan.

State Performance Measures (SPMs): To be developed by May 2016.
States select 3-5 measures to address state priorities not addressed by the National Performance Measures.

***MCH Population Domains**

1. Women/Maternal Health
2. Perinatal/Infant Health
3. Child Health
4. Adolescent Health
5. Children & Youth with Special Health Care Needs
6. Cross-cutting or Life Course

Background: The Title V Maternal and Child Health (MCH) Block Grant is the linchpin for MCH services in the United States. Administered by the Health Resources and Services Administration's Maternal and Child Health Bureau (MCHB), the block grant operates through a Federal/State partnership in all 50 States, the District of Columbia and 9 jurisdictions. Title V was authorized in 1935 as part of the Social Security Act to stem the declining health of mothers and children in the midst of the Great Depression. Title V became a block grant program as part of the Omnibus Budget Reconciliation Act (OBRA) of 1981.