

Kansas

Maternal and Child Health Block Grant 2019

The Maternal and Child Health Services Block Grant, Title V of the Social Security Act, is the only federal program devoted to improving the health of all women, children and families. In FY2017, 86% of all pregnant women, 99% of infants, and 55% of children nationwide benefitted from a Title V-supported service. To learn more about Title V, visit www.amchp.org.

MCH Block Grant Funds to Kansas

FY 2016	FY 2017	FY 2018
\$4,754,917	\$4,729,794	\$4,777,544

Title V Administrative Agency:

Bureau of Family Health
Kansas Department of Health and Environment

*States must provide a three dollar match for every four Federal dollars allocated.

Protecting and Improving the Health of Kansas Families

Maternal Mortality Review – In response to increasing national and state trends in maternal mortality, Kansas formally launched the Kansas Maternal Mortality Review Committee. The purpose of the review is to determine the factors contributing to maternal and pregnancy-associated mortality in Kansas and identify public health and clinical interventions to improve systems of care. The Committee is multidisciplinary in makeup, representing geographically diverse areas of the state, specialties, facilities, and systems that interact with and impact maternal health. All pregnancy-associated deaths are reviewed (any death of women with indication of pregnancy up to 365 days, regardless of cause [i.e. motor vehicle accidents during pregnancy, motor vehicle accidents postpartum, suicide, and homicide]). Deaths are identified from review of death certificates with a pregnancy check-box selection and linkage of vital records by searching death certificates of women of reproductive age and matching them to death or fetal death certificates in the year prior.

Women’s Health – Title V is leading development of a women’s annual preventative visit bundle to be released as part of a statewide initiative centered on the importance of a comprehensive annual visit. The initiative is titled *Past the Pap*. The bundle will include age-specific recommendations from ACOG; guidelines for comprehensive screening; making, tracking, and following up on referrals; guidance/education on relevant topics; and resources such as infographics and tools. A Reproductive Life Plan Workbook will serve as a means for women to assess their life goals and challenges as well as a tool for providers to identify holistic services and resources within the medical, behavioral, or other community health system to support optimal individual and family outcomes. The bundle will be released during the 2020 women’s health week, which will be celebrated with a media release and proclamation signing with the Governor of Kansas.

Infant Mortality & Birth Outcomes — In partnership with local health departments, primary care, hospitals, Medicaid, and others, Title V promotes and supports coordinated, quality systems of care for all pregnant women. Community collaboratives bring prenatal education and clinical care together to create the comprehensive Kansas program utilizing the March of Dimes Becoming a Mom® curriculum. The [perinatal community collaborative model](#) targets communities with disparities and integrates activities related to state priorities beyond education and care (safe sleep, smoking cessation, oral health, breastfeeding, mental health, nutrition and physical activity). Areas of impact include fewer pre-term births and low birthweight babies, increased breastfeeding initiation, and reduced infant mortality. The Infant Mortality Rate* for one of the longest-running programs dropped from 11.9 to 5.7 comparing two 5-year periods 2005-2008 and 2013-2017. *deaths/1000 live births

Perinatal Quality Collaborative – During 2018 the [Kansas Perinatal Quality Collaborative](#) (KPQC) was revitalized with primary goals to: 1) establish and provide oversight for multiple statewide quality improvement initiatives to improve birth outcomes; 2) promote systems changes by gathering data resources and increasing use of evidence-based practices for improved perinatal health; and 3) bringing personalized support to Kansas communities by providing education and resources for quality perinatal health care. The KPQC’s first quality initiative is designed to partner with birthing centers across the state to improve health outcomes for infants born at risk for neonatal abstinence syndrome (NAS). This two-year initiative provides universal education through the Vermont Oxford Network (VON) for standardization of care in identification, evaluation, treatment, and safe discharge of infants with NAS.

Care Coordination – Kansas implemented a new financial assistance structure to support families of children with special health care needs (CYSHCN) around greatest areas of financial need and provide comprehensive care coordination services. The model enhances services available to CYSHCN, using a holistic approach to care coordination. Through partnership with families, care coordinators strive to find, understand, and access services and resources within medical, school, and community systems to ensure families receive the services necessary to achieve optimal health outcomes.

Family & Consumer Engagement — All Title V MCH population domains are involved in the ongoing review of state data, monitoring of state priorities, and the development/implementation of the state Title V MCH plan (*MCH2020*). Families and consumers are engaged at all levels and stages (design, planning, implementation, evaluation) in an ongoing, continuous manner through the Kansas Special Health Services Family Advisory Council (SHS-FAC), Maternal and Child Health Council, and special projects. Opportunities are provided to support growth and participation as council members, professionals, and experts. The Alumni/Mentorship Program (AMP) supports ongoing involvement to outgoing SHS-FAC members and allows for mentorship opportunities for new members.

Peer-to-Peer Support – Kansas implemented a peer-to-peer support network, *Supporting You*, to provide individuals the opportunity to gain support from a peer who has experienced a similar situation and/or circumstance in life and who can share ideas, resources, and provide a listening ear during a time of need. Participants gain emotional support from a compassionate peer who share a connection and is willing to tell their own personal story, while they walk alongside someone else as they tell theirs.

Percentage Served by the Kansas MCH Program*

77.0%	Pregnant women
100.0%	Infants under one
11.0%	Children and adolescents
2.0%	Children with special health care needs
4.0%	Others

*2017 State/Jurisdiction Annual Reports Submitted to the Maternal and Child Health Bureau

State Selected National Performance Measures

- Well-Woman Visit
- Breastfeeding
- Developmental Screening
- Injury Hospitalization
- Adolescent Well-Visit
- Medical Home
- Smoking



Health Needs in Kansas

State Selected Priorities for the Period 2016-2020

- Women have access to and receive coordinated, comprehensive care and services before, during, and after pregnancy
- Developmentally appropriate care and services are provided across the lifespan
- 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

For more information, contact:

Maternal and Child Health

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Current Special Projects of Regional and National Significance (SPRANS)

State Systems Development Initiative (SSDI)

KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT
Topeka, KS

MCH Research Network

UNIVERSITY OF KANSAS CENTER FOR RESEARCH
Lawrence, KS