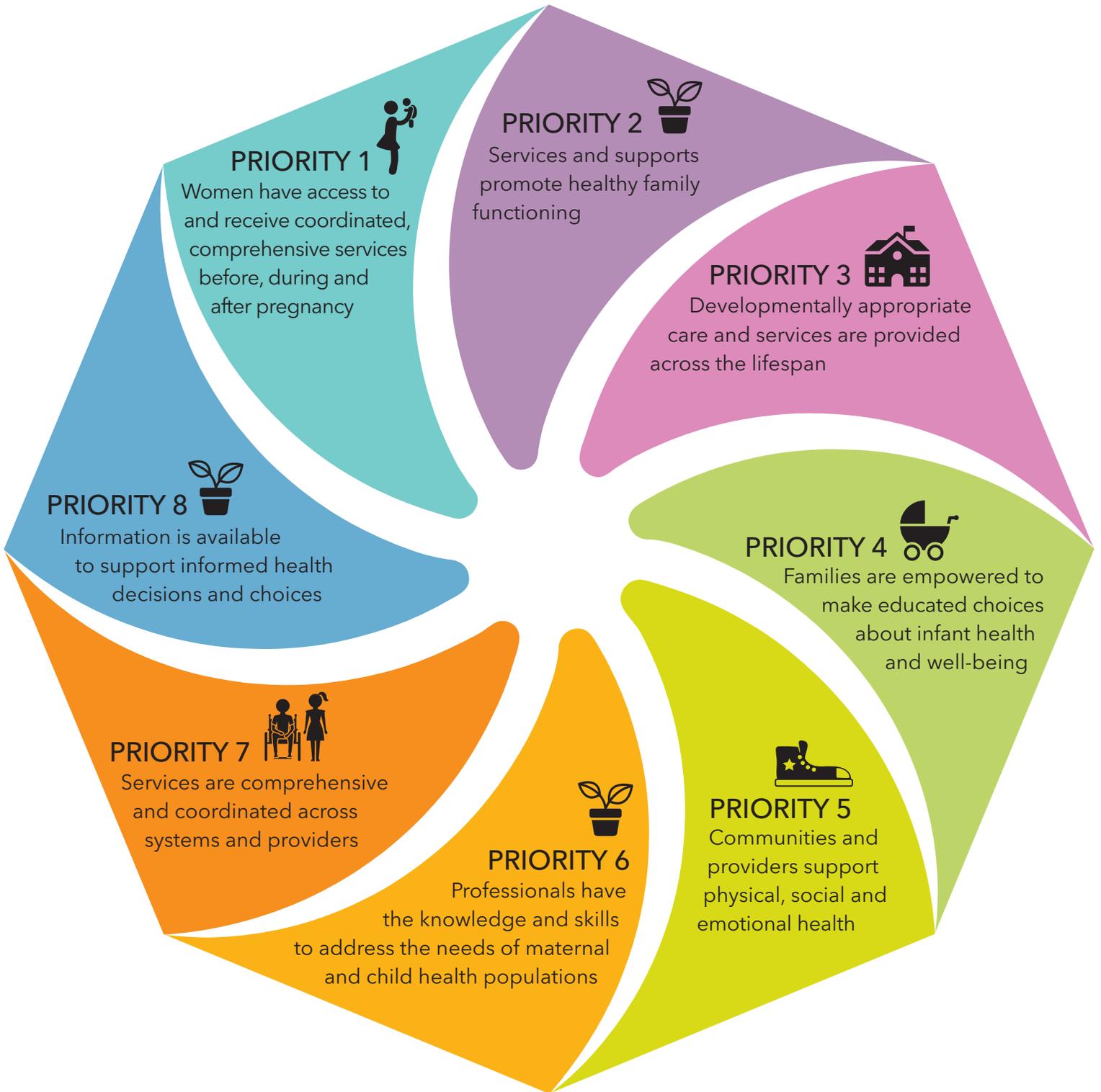




KANSAS TITLE V MATERNAL & CHILD HEALTH MATERNAL & CHILD HEALTH 5-YEAR STATE ACTION PLAN

2016-2020



MCH
DOMAINS





KANSAS | TITLE V MATERNAL & CHILD HEALTH

MATERNAL & CHILD HEALTH | 5-YEAR STATE ACTION PLAN

2016-2020

TITLE V MATERNAL & CHILD HEALTH (MCH) POPULATION DOMAINS*



Women/
Maternal



Adolescent



Perinatal/
Infant



Children & Youth
with Special Health
Care Needs
(CYSHCN)



Child



Cross-cutting/
Life Course

PERFORMANCE MEASURES

NPM National Performance Measure

SPM State Performance Measure

*The Title V Maternal and Child Health (MCH) Services Block Grant was authorized in 1935 as part of the Social Security Act. Title V's mission is 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. The program is funded through the Health Resources and Services Administration's Maternal and Child Health Bureau (MCHB) and administered by the Kansas Department of Health and Environment, Bureau of Family Health. States are required to conduct a statewide needs assessment every five years and identify priority needs and measures for six MCH Population Domains: Women & Maternal, Perinatal & Infant, Child, Adolescent, Children & Youth with Special Health Care Needs, and Cross-cutting/Life course. Although each state priority is linked with an individual domain, Kansas recognizes that many priorities and objectives may address needs across populations and is dedicated to focusing on aligning efforts as necessary for maximum impact. Find more information at www.kansasmch.org or www.kdheks.gov/bfh.



KANSAS TITLE V MATERNAL & CHILD HEALTH MATERNAL & CHILD HEALTH | 5-YEAR STATE ACTION PLAN

2016-2020



PRIORITY 1 WOMEN/MATERNAL

Women have access to and receive coordinated, comprehensive services before, during and after pregnancy

- OBJECTIVE 1.1** Increase the proportion of women receiving a well-woman visit annually.
- OBJECTIVE 1.2** Increase the number of completed referrals for services in response to prenatal/postnatal risk screening at every visit by 2020.
- OBJECTIVE 1.3** Increase the number of established perinatal community collaboratives (e.g., Becoming a Mom (BAM) programs) by at least 5 annually by 2020.
- OBJECTIVE 1.4** Increase the percent of pregnant women on Medicaid with a previous preterm birth who receive progesterone to 40% by 2018 and increase annually thereafter.
- OBJECTIVE 1.5** Decrease non-medically indicated births between 37 0/7 weeks of gestation through 38 6/7 weeks of gestation to less than 5% by 2020.

NPM Well-woman visit (Percent of women with a past year preventive medical visit)

SPM Percent of preterm births (<37 weeks gestation)



KANSAS | TITLE V MATERNAL & CHILD HEALTH
MATERNAL & CHILD HEALTH | **5-YEAR STATE ACTION PLAN**

2016-2020



PRIORITY 2
CROSS-CUTTING/LIFE COURSE

Services and supports
promote healthy family
functioning

- OBJECTIVE 2.1** Increase opportunities to empower families and build strong MCH advocates by 2020.
- OBJECTIVE 2.2** Increase the number of providers with capacity to provide trauma-informed care by 2020.
- OBJECTIVE 2.3** Increase the number of families receiving home visiting services through coordination and referral services by 5% annually.



KANSAS MATERNAL & CHILD HEALTH | TITLE V MATERNAL & CHILD HEALTH
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2016-2020



PRIORITY 3
CHILD

Developmentally appropriate care and services are provided across the lifespan

- OBJECTIVE 3.1** Increase the proportion of children aged 1 month to kindergarten entry statewide who receive a parent-completed developmental screening annually.
- OBJECTIVE 3.2** Provide annual training for child care providers to increase knowledge and promote screening to support healthy social-emotional development of children.
- OBJECTIVE 3.3** Increase by 10% the number of children through age 8 riding in age and size appropriate car seats per best practice recommendations by 2020.
- OBJECTIVE 3.4** Increase the proportion of families receiving education and risk assessment for home safety and injury prevention by 2020.
- OBJECTIVE 3.5** Increase the percent of home-based child care facilities implementing daily routines involving at least 60 minutes of daily physical activity per CDC recommendations to decrease risk of obesity by 2020.
- OBJECTIVE 3.6** Increase the percent of children and adolescents (K-12 students) participating in 60 minutes of daily physical activity.

NPM Developmental screening (Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool)

SPM Percent of children 6 through 11 and adolescents 12 through 17 who are physically active at least 60 minutes/day

NPM Child Injury (Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents ages 10 through 19)



KANSAS | TITLE V MATERNAL & CHILD HEALTH
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2016-2020



PRIORITY 4
PERINATAL /INFANT

Families are empowered to make educated choices about infant health and well-being

- OBJECTIVE 4.1** Increase the number of communities that provide a multifaceted approach to breastfeeding support across community sectors by at least 10 by 2020.
- OBJECTIVE 4.2** Increase the proportion of births delivered at Baby Friendly hospitals by 2020.
- OBJECTIVE 4.3** Increase the proportion of women and pregnant women receiving education related to the impact of prenatal and postpartum nutrition and exercise on optimal infant feeding by 2020.
- OBJECTIVE 4.4** Implement a multi-sector (community, hospitals, maternal and infant clinics) safe sleep promotion model by 2018.

NPM Breastfeeding (Percent of infants who are ever breastfed; Percent of infants breastfed exclusively through 6 months)

SPM Number of Safe Sleep (SIDS/SUID) trainings provided to professionals



KANSAS TITLE V MATERNAL & CHILD HEALTH MATERNAL & CHILD HEALTH 5-YEAR STATE ACTION PLAN

2016-2020



PRIORITY 5 ADOLESCENT

Communities and providers support physical, social and emotional health

- OBJECTIVE 5.1** Increase the number of schools that are implementing programs that decrease risk factors associated with bullying by 2020.
- OBJECTIVE 5.2** Increase the number of adolescents aged 12 through 17 years accessing positive youth development, prevention, and intervention services and programs by 2020.
- OBJECTIVE 5.3** Increase access to programs and providers serving adolescents that assess for and intervene with those at risk for suicide.
- OBJECTIVE 5.4** Develop a cross-system partnership and protocols to increase the proportion of adolescents receiving annual preventive services by 2020.
- OBJECTIVE 5.5** Increase the number of adolescents receiving immunizations according to the recommended schedule by 2020.

NPM Bullying (Percent of adolescents, 12 through 17, who are bullied or who bully others)

NPM Adolescent well-visit (Percent of adolescents, 12 through 17, with a preventive medical visit in the past year)



KANSAS | TITLE V MATERNAL & CHILD HEALTH

MATERNAL & CHILD HEALTH | 5-YEAR STATE ACTION PLAN

2016-2020



PRIORITY 6

CROSS-CUTTING/LIFE COURSE

Professionals have the knowledge and skills to address the needs of maternal and child health populations

- OBJECTIVE 6.1** Increase the proportion of smoking women referred to evidence-based cessation services to 95% or higher by 2020.
- OBJECTIVE 6.2** Increase abstinence from cigarette smoking among pregnant women to 90% by 2020.
- OBJECTIVE 6.3** Implement collaborative oral health initiatives, identify baseline measures, and expand oral health screening, education, and referral by 2020.
- OBJECTIVE 6.4** Build MCH capacity and support the development of a trained, qualified workforce by providing professional development events at least four times each year through 2020.
- OBJECTIVE 6.5** Deliver annual training and education to ensure that providers have the ability to promote diversity, inclusion, and integrate supports in the provision of services for the Special Health Care Needs (SHCN) population into adulthood.

NPM

Smoking during Pregnancy and Household Smoking
(Percent of women who smoke during pregnancy;
Percent of children who live in households where
someone smokes)



KANSAS | TITLE V MATERNAL & CHILD HEALTH MATERNAL & CHILD HEALTH | **5-YEAR STATE ACTION PLAN**

2016-2020



PRIORITY 7 CYSHCN

Services are comprehensive and coordinated across systems and providers

- OBJECTIVE 7.1** Increase family satisfaction with the communication among their child's doctors and other health providers to 75% by 2020.
- OBJECTIVE 7.2** Increase the proportion of families who receive care coordination supports through cross-system collaboration by 25% by 2020.
- OBJECTIVE 7.3** Develop an outreach plan to engage partners, providers, and families in the utilization of a shared resource to empower, equip, and assist families to navigate systems for optimal health outcomes by 2020.



PRIORITY 8
CROSS-CUTTING/LIFE COURSE

Information is available to support informed health decisions and choices

- OBJECTIVE 8.1** Increase the proportion of MCH grantees that provide health information education to clients to improve health decision making among women, pregnant women, children, adolescents, and children and youth with special health care needs annually.
- OBJECTIVE 8.2** Partner with Health Literacy Kansas (HLK) to provide training to improve the knowledge of parents and teens as to the importance of making informed health decisions by 2020.
- OBJECTIVE 8.3** By 2020, create and disseminate a toolkit for preschool through school-aged providers with a curriculum and activities designed to teach children and adolescents about healthy habits and choices.
- OBJECTIVE 8.4** Increase youth-focused and youth-driven initiatives to support successful transition, self-determination, and advocacy by 2020.
- OBJECTIVE 8.5** Incorporate information regarding changes to the health care system into existing trainings and technical assistance by 2020.

SPM

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

Title V Outcome Measures and Performance Measures

Kansas Maternal and Child Health Services Block Grant
2017 Application/2015 Annual Report

NOM#	National Outcome Measures	Medicaid Measures	2010	2011	2012	2013	2014	Trend	HP2020	Sources
1	Percent of pregnant women who receive prenatal care beginning in the first trimester	CMS								1
	All		75.0%	77.3%	78.8%	79.4%	80.0%	▲*	77.9%	
	Medicaid		61.3%	63.7%	67.9%	68.6%	70.5%	▲*		
	Non-Medicaid		81.9%	84.4%	84.4%	84.7%	84.8%	▲		
2	Rate of severe maternal morbidity per 10,000 delivery hospitalizations		103.3	97.4	111.6	92.8	-	▼	-	2
3	Maternal mortality rate per 100,000 live births (5 year rolling average)		14.0	14.1	14.7	16.5	15.1	▲	11.4	1,3
4.1	Percent of low birth weight deliveries (<2,500 grams)	CMS								1
	All		7.1%	7.2%	7.2%	7.0%	7.1%	●	7.8%	
	Medicaid		8.8%	8.9%	8.9%	8.6%	8.5%	▼		
	Non-Medicaid		6.3%	6.4%	6.3%	6.3%	6.3%	●		
4.2	Percent of very low birth weight deliveries (<1,500 grams)	CMS	1.2%	1.3%	1.4%	1.3%	1.3%	▲	1.4%	1
4.3	Percent of moderately low birth weight deliveries (1,500-2,499 grams)	CMS	5.9%	5.9%	5.8%	5.8%	5.8%	●	-	1
5.1	Percent of preterm births (<37 weeks gestation)	P4P								1
	All		8.8%	9.1%	9.0%	8.9%	8.7%	●	11.4%	
	Medicaid		9.8%	10.3%	10.2%	10.4%	10.0%	●		
	Non-Medicaid		8.2%	8.5%	8.5%	8.2%	8.1%	▼		
5.2	Percent of early preterm births (<34 weeks gestation)	P4P	2.5%	2.6%	2.7%	2.7%	2.5%	●	1.8%	1
5.3	Percent of late preterm births (34-36 weeks gestation)	P4P	6.3%	6.5%	6.3%	6.2%	6.2%	▼	8.1%	1
6	Percent of early term births (37,38 weeks gestation)									1
	All		25.7%	25.4%	24.6%	23.0%	24.3%	▼	-	
	Medicaid		28.4%	26.7%	26.9%	25.0%	26.1%	▼		
	Non-Medicaid		24.4%	24.7%	23.4%	22.1%	23.4%	▼		

Title V Outcome Measures and Performance Measures

Kansas Maternal and Child Health Services Block Grant
2017 Application/2015 Annual Report

NOM#	National Outcome Measures	Medicaid Measures	2010	2011	2012	2013	2014	Trend	HP2020	Sources
7	Percent of non-medically indicated early elective deliveries		-	-	-	8.0%	4.0%	↓	-	4
8	Perinatal mortality rate per 1,000 live births plus fetal deaths		6.2	5.9	6.9	6.5	6.2	↑	5.9	1,3,5
9.1	Infant mortality rate per 1,000 live births									1,3
	All		6.3	6.2	6.3	6.4	6.3	●	6.0	
	Medicaid		7.3	7.3	9.7	7.2	8.5	↑		
	Non-Medicaid		5.5	5.5	4.4	5.8	5.0	↓		
9.2	Neonatal mortality rate per 1,000 live births		4.2	4.0	4.3	4.3	4.5	↑	4.1	1,3
9.3	Postneonatal mortality rate per 1,000 live births		2.3	2.3	2.0	2.1	1.8	↓*	2.0	1,3
9.4	Preterm-related mortality rate per 100,000 live births									1,6
	All		202.8	206.9	208.4	211.3	211.8	↑*	-	
	Medicaid		258.4	232.4	294.4	167.4	305.3	●		
	Non-Medicaid		174.6	195.6	167.6	226.1	160.0	●		
9.5	Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births (R95, R99, W75)		103.9	106.0	99.2	131.4	94.4	●	84.0	1,3
10	Percent of infants born with fetal alcohol exposure in the last 3 months of pregnancy (PRAMS)		-	-	-	-	-	-	-	-
11	The rate of infants born with neonatal abstinence syndrome per 1,000 delivery hospitalizations		3.4	4.2	4.7	5.9	-	↑*	-	2
12	Percent of eligible newborns screened for heritable disorders with on time physician notification for out of range screens who are followed up in a timely manner. (DEVELOPMENTAL)		-	-	-	-	-	-	100.0%	-
13	Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)		-	-	-	-	-	-	-	-
14	Percent of children ages 1 through 17 who have decayed teeth or cavities in the past 12 months		-	-	18.1%	-	-	●	-	7
15	Child mortality rate ages 1 through 9 per 100,000		26.7	22.2	19.4	23.8	15.7	↓	-	3,8
16.1	Rate of death in adolescents age 10-19 per 100,000		38.0	32.4	32.3	31.9	34.7	↓	-	3,8
16.2	Adolescent motor vehicle mortality rate ages 15 through 19 per 100,000 (3 year rolling average)		22.7	20.0	18.1	14.0	14.8	↓*	12.4	3,8

Title V Outcome Measures and Performance Measures

Kansas Maternal and Child Health Services Block Grant
2017 Application/2015 Annual Report

NOM#	National Outcome Measures	Medicaid Measures	2010	2011	2012	2013	2014	Trend	HP2020	Sources
16.3	Adolescent suicide rate ages 15 through 19 per 100,000 (3 year rolling average)	CMS	10.1	10.5	14.0	13.2	12.8	↑	10.2	3,8
17.1	Percent of children with special health care needs (CSHCN)		-	-	19.4%	-	-	●	-	7
17.2	Percent of children with special health care needs receiving care in a well-functioning system		22.8%	-	-	-	-	●	-	9
17.3	Percent of children diagnosed with an autism spectrum disorder		-	-	1.0%	-	-	●	-	7
17.4	Percent of children diagnosed with Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)		-	-	8.8%	-	-	●	-	7
18	Percent of children with a mental/behavioral condition who receive treatment or counseling	P4P	-	-	72.6%	-	-	●	75.0%	7
19	Percent of children in excellent or very good health		-	-	86.8%	-	-	●	-	7
20	Percent of children and adolescents who are overweight or obese (BMI at or above the 85th percentile)	P4P (?)								
	Children 2 through 4 years		28.7%	28.4%	28.5%	29.4%	29.0%	●	14.5%	10
	Children 10 through 17 years		-	-	30.2%	-	-	●	14.5%	7
	Adolescents grades 9 through 12		-	24.1%	-	28.9%	-	↑	14.5%	11
21	Percent of children without health insurance		7.7%	6.1%	6.9%	6.7%	6.2%	↓	0%	12
22.1	Percent of children ages 19 through 35 months, who have received the 4:3:1:3(4):3:1 :4 series of routine vaccinations		-	73.5%	65.0%	68.7%	76.5%	↑	80.0%	13
22.2	Percent of children 6 months through 17 years who are vaccinated annually against seasonal influenza		-	47.8%	45.9%	57.5%	55.5%	↑	70.0%	13
22.3	Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine									13
	Female		-	37.2%	42.7%	39.9%	38.3%	●	80.0%	
	Male		-	-	13.5%	25.1%	32.8%	↑	80.0%	
22.4	Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine		-	79.1%	92.2%	84.6%	79.8%	↓	80.0%	13
22.5	Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine		-	47.7%	55.9%	55.9%	65.1%	↑*	80.0%	13

Title V Outcome Measures and Performance Measures

Kansas Maternal and Child Health Services Block Grant
2017 Application/2015 Annual Report

NPM#	National Performance Measures	Medicaid Measures	2010	2011	2012	2013	2014	Trend	HP2020	Sources
1	<i>Well-Women Visit</i> : Percent of women with a past year preventive medical visit	CMS	-	66.7%	66.4%	68.2%	63.7%	↓	-	14
2	<i>Low Risk Cesarean Deliveries</i> : Percent of cesarean deliveries among low-risk first births	CMS	25.3%	25.0%	24.7%	24.7%	24.1%	↓*	23.9%	1
3	<i>Perinatal Regionalization</i> : Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)		82.3%	86.6%	87.1%	86.6%	82.7%	●	83.7%	1
4	<i>Breastfeeding</i> : A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months									
	A) Percent of infants who are ever breastfed		77.2%	79.5%	81.7%	84.2%	86.1%	↑*	81.9%	1
	B) Percent of infants breastfed exclusively through 6 months		14.1%	11.4%	24.5%	-	-	↑	25.5%	13
5	<i>Safe Sleep</i> : Percent of infants placed to sleep on their backs (PRAMS)		-	-	-	-	-	-	75.9%	-
6	<i>Developmental Screening</i> : Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool	CMS	-	-	37.0%	-	-	●	-	7
7	<i>Child Injury</i> : Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents ages 10 through 19									2,8
	Children ages 0 through 9		101.3	87.7	92.6	87.1	-	↓	-	
	Adolescents ages 10 through 19		231.4	215.0	226.1	196.1	-	↓	-	
8	<i>Physical Activity</i> : Percent of children ages 6 through 11 and adolescents ages 12 through 17 who are physically active at least 60 minutes per day	P4P								
	Children ages 6 through 11		-	-	36.0%	-	-	●	-	7
	Adolescents ages 12 through 17		-	-	19.9%	-	-	●	20.2%	7
	Adolescents grades 9 through 12		-	30.2%	-	28.3%	-	↓	20.2%	11
9	<i>Bullying</i> : Percent of adolescents, ages 12 through 17, who are bullied or who bully others									
	Adolescents ages 12 through 17		-	-	11.0%	-	-	●	17.9%	7
	Adolescents grades 9 through 12		-	26.4%	-	27.9%	-	↑	17.9%	11

Title V Outcome Measures and Performance Measures

Kansas Maternal and Child Health Services Block Grant
2017 Application/2015 Annual Report

NPM#	National Performance Measures	Medicaid Measures	2010	2011	2012	2013	2014	Trend	HP2020	Sources
10	<i>Adolescent Well-Visit:</i> Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year		-	-	83.4%	-	-	●	75.6%	7
11	<i>Medical Home:</i> Percent of children with and without special health care needs having a medical home	P4P (?)								7
	All		-	-	59.1%	-	-	●	63.3%	
	CSHCN		-	-	53.8%	-	-	●	54.8%	
	Non-CSHCN		-	-	60.4%	-	-	●	63.3%	
12	<i>Transition:</i> Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care									7
	All		-	-	-	-	-	-	-	-
	CSHCN		-	-	-	-	-	-	45.3%	-
	Non-CSHCN		-	-	-	-	-	-	-	-
13	<i>Oral Health:</i> A) Percent of women who had a dental visit during pregnancy and B) Percent of children, ages 1 through 17, who had a preventive dental visit in the past year									
	A) Percent of women who had a dental visit during pregnancy (PRAMS)		-	-	-	-	-	-	49.0%	-
	B) Percent of children, ages 1 through 17, who had a preventive dental visit in the past year	P4P	-	-	79.4%	-	-	●	49.0%	7
14	<i>Smoking During Pregnancy and Household Smoking:</i> A) Percent of women who smoke during pregnancy and B) Percent of children who live in households where someone smokes									
	A) Percent of women who smoke during pregnancy									1
	All		15.0%	14.5%	13.7%	12.5%	12.0%	↓*	1.4%	
	Medicaid		30.0%	29.5%	28.2%	26.7%	26.0%	↓*		
	Non-Medicaid		7.6%	6.8%	6.5%	5.6%	5.2%	↓*		
	B) Percent of children who live in households where someone smokes		-	-	25.3%	-	-	●	47.0%	7
15	<i>Adequate Insurance Coverage:</i> Percent of children ages 0 through 17 who are adequately insured		-	-	75.8%	-	-	●	-	7

Title V Outcome Measures and Performance Measures

Kansas Maternal and Child Health Services Block Grant
2017 Application/2015 Annual Report

SPM#	State Performance Measures	Medicaid Measures	2010	2011	2012	2013	2014	Trend	HP2020	Sources
1	Percent of preterm births (<37 weeks gestation)	P4P								1
	All		8.8%	9.1%	9.0%	8.9%	8.7%	●	11.4%	
	Medicaid		9.8%	10.3%	10.2%	10.4%	10.0%	●		
	Non-Medicaid		8.2%	8.5%	8.5%	8.2%	8.1%	↓		
2	Percent of children living with parents who have emotional help with parenthood		-	-	91.5%	-	-	●		7
3	<i>Physical Activity:</i> Percent of children ages 6 through 11 and adolescents ages 12 through 17 who are physically active at least 60 minutes per day	P4P								
	Children ages 6 through 11		-	-	36.0%	-	-	●	-	7
	Adolescents ages 12 through 17		-	-	19.9%	-	-	●	20.2%	7
	Adolescents grades 9 through 12		-	30.2%	-	28.3%	-	↓	20.2%	11
4	Number of Safe Sleep (SIDS/SUID) trainings provided to professionals		-	-	-	-	-	-	-	15
5	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		-	-	-	-	-	-	-	14

Key and Definitions

An "-" indicates the data were not available at the time of reporting.

The **arrow** indicates direction of the trend, if any, and the color indicates if the direction is positive (**green**), negative (**red**), or no definite trend apparent (**yellow**).

HP2020 - Healthy People 2020 goal

PRAMS - Pregnancy Risk Assessment Monitoring System; Kansas PRAMS was funded in 2016 and is a collaborative project with the Centers for Disease Control and Prevention (CDC). Kansas will obtain data to understand the risk factors that contribute to poor pregnancy outcomes and understand the experiences and behaviors before, during, and after pregnancy that result in high risk births. Data collection will begin in 2017 and involve approximately 2,500 mothers providing information.

Medicaid and Non-Medicaid: Based on the "principal source of payment for this delivery" as reported on the birth certificate.

Medicaid Measure: Based on if it is a quality care measure necessary for the national level or for Managed Care Organizations to report to state of Kansas

CMS: Centers for Medicare and Medicaid Services

P4P: Pay for Performance Measure for Managed Care Organizations to report to state of Kansas

Bolded NPMs: Selected National Performance Measures that are most closely aligned with Kansas priorities.

*Statistically significant trend (p<0.05)

Title V Outcome Measures and Performance Measures

Kansas Maternal and Child Health Services Block Grant
2017 Application/2015 Annual Report

Sources:

1. Kansas Department of Health and Environment (KDHE), Bureau of Epidemiology and Public Health Informatics. Kansas birth data (resident)
2. Agency for Healthcare Research and Quality (AHRQ). Healthcare Cost and Utilization Project (HCUP) - State Inpatient Database (SID)
3. Kansas Department of Health and Environment (KDHE), Bureau of Epidemiology and Public Health Informatics. Kansas death data (resident)
4. Centers for Medicare & Medicaid Services (CMS) Hospital Compare
5. Kansas Department of Health and Environment (KDHE), Bureau of Epidemiology and Public Health Informatics. Kansas fetal death data (resident)
6. Kansas Department of Health and Environment (KDHE), Bureau of Epidemiology and Public Health Informatics. Kansas linked birth and infant death data (resident)
7. Health Resources and Services Administration (HRSA). National Survey of Children's Health (NSCH)
8. U.S. Census Bureau. Population estimate, bridged-Race Vintage data set
9. Health Resources and Services Administration (HRSA). National Survey of Children with Special Health Care Needs (NS-CSHCN)
10. Kansas Department of Health and Environment (KDHE), Bureau of Family Health. Nutrition and WIC Services. KWIC database
11. Centers for Disease Control and Prevention (CDC). Youth Risk Behavior Surveillance System (YRBSS)
12. U.S. Census Bureau. American Community Survey (ACS)
13. Centers for Disease Control and Prevention (CDC). National Immunization Survey (NIS)
14. Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System (BRFSS)
15. Kansas Infant Death and SIDS Network, Inc.

Notes:

1. The *MCH Biennial Summary, 2014* is available and posted on the Bureau of Family Health (BFH) website (<http://www.kdheks.gov/c-f/mch.htm>). This document was developed and designed to describe and track progress on the public health significance of the indicators related to women/maternal health, perinatal/infant health, child health, adolescent health, children and youth with special health care needs, and cross-cutting/life course. The biennial summary also provides trend data and determines how well the priorities have been addressed by state and local programs.
2. The *Preconception Health Report* is available and posted on the BFH website (http://www.kdheks.gov/bfh/download/Preconception_Health_Report.pdf). This report reflects KDHE Bureau of Family Title V programming efforts to view issues from a life course perspective. This report is intended to be a visualization tool to highlight key disparities in 13 preconception health indicators representing the following domains: 1) general health status and life satisfaction, 2) social determinants of health, 3) health care, 4) tobacco, alcohol and substance use, 5) nutrition and physical activity, 6) mental health, and 7) chronic disease.
3. The *Life Course Indicators Report* is available and posted on the BFH website (http://www.kdheks.gov/bfh/download/Life_Course_Indicators_Report.pdf). This report is intended to be a visualization tool to help highlight key disparities in 11 life course indicators representing the following domains: 1) childhood experiences, 2) family well-being, 3) health care access and quality, and 4) mental health.



KANSAS TITLE V MATERNAL & CHILD HEALTH (MCH) SERVICES FFY2017 State Priorities & Measures

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 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 infant health and well-being.
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) & Evidence-Based or -Informed Strategy Measures (ESMs)

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

NPM 1: Well-woman visit (Percent of women with a past year preventive medical visit)

- *ESM: Percent of women program participants that received education on the importance of a well-woman visit in the past year*

NPM 4: Breastfeeding (Percent of infants ever breastfed; Percent of infants breastfed exclusively through 6 months)

- *ESM: Percent of WIC infants breastfed exclusively through six months in designated "Communities Supporting Breastfeeding"*

NPM 6: Developmental screening (Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool)

- *ESM: Percent of program providers using a parent-completed developmental screening tool during an infant or child visit*

NPM 7: Child Injury (Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9)

- *ESM: Number of child safety seat inspections completed by certified technicians*

NPM 9: Bullying (Percent of adolescents, 12 through 17, who are bullied or who bully others)

- *ESM: Number of schools implementing evidence-based or informed anti-bullying practices or programs*

NPM 10: Adolescent well-visit (Percent of adolescents, 12 through 17, with a preventive medical visit in the past year)

- *ESM: Percent of adolescent program participants (12-22 years) that received education on the importance of a well-visit in the past year*

NPM 11: Medical home (Percent of children with and without special health care needs having a medical home)

- *ESM: Percent of families who experience an improved independent ability to navigate the systems of care*

NPM 14: Smoking during Pregnancy and Household Smoking (Percent of women who smoke during pregnancy; Percent of children who live in households where someone smokes)

- *ESM: Percent of pregnant women program participants who smoke referred to the Tobacco Quitline*

State Performance Measures (SPMs)

States select measures to address state priorities not addressed by the National Performance Measures.

SPM 1: Percent of preterm births (<37 weeks gestation)

SPM 2: Percent of children living with parents receiving emotional support (help with parenthood)

SPM 3: Percent of children 6 through 11 and adolescents 12 through 17 who are physically active at least 60 minutes/day

SPM 4: Number of Safe Sleep (SIDS/SUID) trainings provided to professionals

SPM 5: Percent of adults who report that it is somewhat difficult or very difficult to understand information from doctors, nurses and other health professionals

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