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

NPM 1: Well-woman visit (Percent of women with a past year preventive medical visit)
NPM 4: Breastfeeding (Percent of infants ever breastfed; Percent of infants breastfed exclusively through 6 months)
NPM 6: Developmental screening (Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool)
NPM 7: Child Injury (Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9)
NPM 9: Bullying (Percent of adolescents, 12 through 17, who are bullied or who bully others)
NPM 10: Adolescent well-visit (Percent of adolescents, 12 through 17, with a preventive medical visit in the past year)
NPM 11: Medical home (Percent of children with and without special health care needs having a medical home)
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)

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

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. 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.

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