



DOMAIN Cross-Cutting & Systems Building

Priority Seven: Strengths-based supports and services are available to promote healthy families and relationships.

The Kansas MCH Program provides opportunities for meaningful engagement, partnership, and leadership to families and consumers at varying levels of involvement and intensity to fit the needs of these populations. A goal of the program is to further develop family and consumer partnerships across all population domains by working even harder to ensure buy-in from those directly affected by systemic changes and assuring the consumer and family voice is central to programming, initiatives, and special projects.

What will success look like?

Increased...

- utilization of care coordination by MCH client families
- Title-V peer support networks
- participation of consumers and families, including youth, in MCH leadership development efforts



Brightspots

Kansas's leadership in family engagement.

MCH worked with other state leaders to create the [Family Engagement and Partnership Standards for Early Childhood](#). These guidelines outline ways to encourage families to engage in their children's growth and create positive lifelong outcomes.

"Supporting You,"

a peer-to-peer support network. Plans to expand this initiative are underway.



Elevating parent voices.

A parent member of the Family Advisory Council has taken on an expanded role with the MCH program, providing care coordination to CSHCN and their families and also serving as the Peer Support Administrator for "Supporting You."

Challenges

17% of clients disagreed

"I have opportunities to learn about families that are different from mine."¹

10% of clients disagreed

"Staff members have invited other people in my family to participate in services or activities."¹

5%-10% of staff disagreed with the following statements²:

"I facilitate opportunities for families to build relationships with other families."

"I recognize and affirm families' strengths."

Spotlight on Disparity



Families of CSHCN are not as likely to know they have strengths to draw on when they face problems.³

CSHCN
39%*

Non-
CSHCN
58%

¹ Public Health Workforce Interests and Needs Survey, 2017 Findings. Association of State and Territorial Health Officials and the de Beaumont Foundation.

² Kansas MCH Needs Assessment (data collected Fall 2019 - Spring 2020 by the Kansas University Center for Public Partnerships and Research)

³ MCH Navigator Kansas Workforce Snapshot (based on 2017-2019 self-assessment results). National Center for Education in Maternal and Child Health, Georgetown University.

* Note: the confidence interval for CSHCN exceeds 20 percentage points and therefore may not be reliable.