



KANSAS
MATERNAL &
CHILD HEALTH

Annual Report

2024-2025



Kansas Maternal & Child Health Council
SFY 2025 Annual Report

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Kansas Maternal and Child Health Council 2025 Executive Summary

The Kansas Maternal Child Health Council (KMCHC) advises the Secretary of Health and Environment and other stakeholders on strategies to enhance the health and well-being of families across Kansas, with a particular emphasis on the maternal and child health (MCH) population. Comprising a diverse membership of Kansas organizations and groups, the Council leverages extensive expertise and longstanding dedication to improving MCH outcomes. The Council's key activities include:

- **Facilitates Information Exchange:** Promotes information sharing and data exchange among stakeholders about women, infants, children, and adolescents.
- **Advises on Progress:** Provides insights and assessments on the progress made in addressing the specific needs of the MCH population.
- **Builds support:** Fosters collaboration between the private and public sectors to support initiatives to improve MCH health outcomes.
- **Focuses Efforts:** Directs and aligns the efforts of various partners, recommending joint initiatives to enhance efficiency and impact.
- **Reports Annually:** Compiles and submits an annual report detailing the Council's activities and recommendations to the Kansas Secretary of Health and Environment.

The KMCHC's efforts significantly impact maternal and child health in Kansas. It ensures a coordinated, informed approach, driving continuous improvement and impactful change for the MCH population.

Summary of Activities for State Fiscal Year 2025

This summary highlights the activities of the KMCHC during the SFY 2025 from July 1, 2024, to June 30, 2025. The Council held virtual meetings on July 10, 2024, January 15, 2025, and met in person on October 9, 2024, and May 7, 2025. The Kansas Maternal & Child Health Council (KMCHC) advanced its role as a strategic advisory body to state leadership by elevating emerging policy risks, strengthening cross-sector collaboration, and advancing domain-specific projects aligned with Title V priorities. Across meetings, members

consistently emphasized the need for sustainable funding, data protection, workforce support, and clearer communication between policy decisions and their real-world impact on Kansas children and families.

Key Policy and Funding Context

KMCHC received multiple state and federal updates highlighting both opportunity and uncertainty. Legislative briefings underscored the fast-moving policy environment and the vulnerability of maternal and child health (MCH) programs to federal funding shifts. Concern was raised about potential disruptions to critical data sources such as PRAMS and the long-term sustainability of programs like newborn screening, maternal mental health initiatives, and birth defects surveillance. Members emphasized the importance of proactive contingency planning, improved advocacy messaging, and clearer articulation of how funding decisions affect child and family outcomes.

Title V and State System Developments

The Council reviewed findings from the Title V MCH Needs Assessment, which identified persistent and interconnected challenges across the lifespan, including maternal mortality, limited access to obstetric and behavioral health care, infant mortality and SUID, low developmental screening rates, rising adolescent behavioral health and firearm-related deaths, and care coordination gaps for children with special health care needs. KDHE updates also highlighted organizational changes, new staffing, and the development of the Office of Early Childhood, reinforcing the need for strong alignment between state initiatives and KMCHC priorities.

Key Activities and Discussions

Large Group Discussions

July 10, 2024 | Virtual Meeting

The July meeting introduced several statewide maternal and child health initiatives and funding opportunities. KDHE presented the new Maternal Health Innovation grant and highlighted the importance of broad stakeholder representation, particularly from rural and western Kansas. Council members also received updates on the Title V Maternal and Child Health Block Grant, Medicaid enrollment outreach efforts, and community-based supports such as Head Start and family health literacy programs. The meeting reinforced the Council's advisory role in connecting state initiatives with on-the-ground implementation.

October 9, 2024 | Topeka

This meeting emphasized the role of care extenders and workforce supports in improving maternal and child health outcomes. A panel discussion highlighted how doulas,

community health workers, lactation consultants, and parent peer specialists provide wraparound services and bridge gaps in care. KDHE shared updates on internal staffing and program capacity, including mental health consultation resources. The discussion underscored the importance of consistent messaging, sustainable funding, and integration of care extenders across systems.

January 15, 2025 | Virtual Meeting

The January meeting focused on program impact, prevention, and data-informed decision-making. Presentations included overviews of Head Start services in Kansas, safe sleep and infant mortality data from the Kansas Child Death Review Board, and updates on the Kansas Birth Defects Program. Legislative updates highlighted fiscal pressures and the need to protect core maternal and child health services. The meeting reinforced the value of cross-system collaboration and early intervention to prevent avoidable adverse outcomes.

May 7, 2025 | Topeka

The May meeting addressed state and federal policy developments and emerging system-level risks. The Council reviewed the 2025 legislative session, Title V needs assessment findings, and KDHE updates including the development of the Office of Early Childhood. Members discussed significant challenges facing maternal and child health populations, including access to care, behavioral health needs, and rising infant and adolescent risks. A CMS-funded school-based Medicaid enrollment services grant was also presented, highlighting opportunities to strengthen access to care through schools. The meeting reinforced the need for transparency, data protection, and proactive planning amid federal funding uncertainty.

Domain Workgroup Progress and Themes

Across all four domain workgroups (Women/Maternal; Perinatal/Infant; Child; Adolescent), several cross-cutting themes emerged:

- **Preservation of core programs amid uncertainty:** Workgroups increasingly shifted from expansion efforts to strategies that protect existing services, data systems, and infrastructure.
- **Workforce and care extenders:** Members consistently highlighted the critical role of doulas, community health workers, lactation consultants, parent peers, and behavioral health providers — alongside concerns about inconsistent training, inadequate compensation, quality of care provided and reliance on short-term funding.

- **Data access and communication:** There was strong consensus on the need to safeguard MCH data, improve interoperability, and translate policy and funding changes into accessible information for communities and families.

Notable workgroup initiatives included:

- Expansion of maternal mental health hotline awareness and exploration of more efficient distribution of HRSA materials.
- Continued implementation and evaluation of the “Welcome Baby” postcard pilot to connect new families with trusted resources.
- Development of strategies to preserve and elevate family voice through testimony and storytelling, particularly in programs facing potential funding cuts.
- Collaboration with the Kansas Leadership Center to integrate civic health and engagement into youth leadership programming, with a focus on long-term resilience and adolescent mental health.

Strategic Direction and Next Steps

Collectively, the Council affirmed the importance of:

- Strengthening KMCHC’s advisory role through regular engagement with KDHE leadership and alignment with related bodies (e.g., TMaH, behavioral health councils).
- Enhancing transparency around funding flows, program beneficiaries, and decision-making processes.
- Supporting workgroups with clear expectations, measurable outcomes, and flexibility to respond to policy and funding changes.
- Continuing to elevate Kansas-specific data, stories, and partnerships to inform both state and federal discussions.

KMCHC will carry these priorities forward into upcoming meetings, with continued emphasis on coordination, sustainability, and ensuring that policy decisions meaningfully improve outcomes for Kansas mothers, children, and families.

Council Membership and Participation

The KMCHC membership comprises a multidisciplinary team of professionals, family members, and other key stakeholders. In SFY 2025, 37 stakeholders were members: 27 partner members, 8 provider members, and 2 family/consumer members. Additionally, 29 KDHE staff contributed to Council activities by providing content expertise, facilitating workgroup discussions, recording, and offering data support. The Council also had three contracted staff members to manage meeting logistics and overall facilitation.



Kansas Maternal and Child Health Council (KMCHC) Meeting

Wednesday, July 12, 2023

Member Attendees		Absent	Visitors
Carrie Akin Lauren Alexander Deborah Alliston Antje Anji, MD Kourtney Bettinger, MD, MPH Brenda Bandy, IBCLC Kayzy Bigler Heather Braum Cristi Cain Jacquita Clark Amy Dean Campmire Sridevi Donepudi, MD Stephen Fawcett, PhD Geno Fernandez Holly Frye Geovannie Gone Shalae Harris Stephanie Jerguson Elaine Johannes, PhD Jamie Kim, MPH Julie Laverack	Celina Lopez Brandi Markert Patricia McNamar, DNP, ARNP, NP-C Jennifer Miller Jill Nelson Ivette Perez Jessie Piper Kate Roggenbaum Lexie Rokey Cherie Sage Cari Schmidt, PhD Heather Schrotberger Christy Schunn, LSCSW Pam Shaw, MD, FAAP Sookyung Shin Cassandra Sines Katie Schoenhoff Juliet Swedlund Kelsee Torrez Stephanie Wolf	Rebecca Adamson, APRN Lisa Chaney Mariah Chrans Stephanie Coleman Julia Connellis Mary Sunshine Delgado, APRN Drew Duncan Lisa Frey Blume Kari Harris, MD, FAAP Sara Hortenstine Steve Lauer, MD, FAAP Susan Pence, MD, FAAP Connie Satzler Lisa Shoop Lesley Thomas Cora Ungerer Alice Weingartner Donna Yadrich Daina Zolck	Leslie Campbell Dione Guyton Oluwakemi Onyengubo Rosy He Alicia Smith Maria Torres
Staff			

Denise Cyzman
 Dena Hart
 Amy Trollinger

Agenda Items	Discussion	Action Items
Welcome & Recognize New Members/Guest	Dr. Fawcett welcomed everyone to the meeting. New members and guests introduced themselves.	
Block Grant Review <i>Kazy Bigler, Title V MCH</i>	<p>There are only a few days left for block grant review. Members are asked to provide input by Friday, July 14.</p> <p>Federal partners will be attending the next in-person meeting in September as part of the site review.</p>	Action Item:
Home Visiting Initiatives Carri Akin, KDHE and Cari Schmidt, KU Wichita	<p>Carri Akin provided an overview of MCH HV (Maternal & Child Health Home Visiting) and MIECHV (Maternal, Infant & Early Childhood Home Visiting). Carrie serves as the Community Partnership Unit Director and Holly Frye is the MCH Program Consultant for home visiting. She discussed the continuum of care, funding and target populations for each program.</p> <p>Cari Schmidt discussed the specific home visiting programs available in Sedgwick county in partnership with the Baby Talk program. She discussed target populations and how universal home visiting helps to refer families to available services. Integrate with clinical services partnered with Wesley Women’s Care. They serve women who are uninsured or are covered under KanCare</p>	Action Item: KMCHC members are encouraged to visit https://kshomevisiting.org/ to learn more about the programs.
Small Group Discussion by Domain & Focus Area		
<p>Small Group Discussion</p> <ul style="list-style-type: none"> • Are you familiar with home visiting in your area? • How do you see home visiting improving things in your area/agency? What does it look like? 		

<ul style="list-style-type: none"> • Share any specific services or treatments that you, or those you serve could be accomplished through home visiting. • How can you get connected with home visiting services in your area? • Is there anything that your organization can do to support home visiting in Kansas? 		
	Key takeaways for each group are listed below	
Women/Maternal	<ul style="list-style-type: none"> • Streamline a referral process. • How to best connect clients to services within our own community? • Permission of clients/patients to refer (based on IRIS questions) • Could LHD get Medicaid recipient enrolled at time of pregnancy? • HV services in maternity care deserts • Nontraditional partners to connect to care, regionalized models • Doula coverage/benefits, HV, CHW • Integration into OB/GYN and health systems to improving access for everyone 	
Perinatal/Infant	<ul style="list-style-type: none"> • Community Baby Showers • Libraries: bookmark for mother/baby books • Great very thorough book that I recommend to all families over What to Expect: Pregnancy, Childbirth, and the Newborn • MCH Chatbot? And the role of technology: What is normal? 4th Trimester Project - https://newmomhealth.com/ • Grant that pays people to do the work we're asking them to do, and is innovative <p>Take Away:</p> <ul style="list-style-type: none"> • We know this is a good starting point, but a more comprehensive look that people are aware services are available, and how do we serve the family as a whole? • How do we do more? • Centralized intake 	

	<ul style="list-style-type: none"> Scaling the workforce: Kelsee and Christy, this idea of paid non-professionals was part of Riessman and Pearls' concept of "New Careers for the Poor." Pay local, trusted people to do the work that outside professionals may not be well positioned to do. 	
Child	Group stated more coordination with other agencies and organization. A better understanding of agency structure is needed both inside and outside of KDHE. One member stated that working with Family Resource Centers could be a great improvement, and most members agreed that more collaboration are sorely missing.	
Adolescent	<p>The word "home" can be a barrier for some and bring up experiences of trauma and we think this is something practitioners should be aware of.</p> <p>With the adolescent population we would want to make sure they are in a safe environment with basic needs.</p> <p>We need to think about adolescents that are in detention facilities and how they can access home visiting services in this setting.</p> <p>Home/location of visits and home visitor would need to be defined. How can services be provided privately to an adolescent without guardians present. Jaquita shared that at school, DCF (at least the investigation side) could speak with the child.</p> <p>We discussed what the age is for a child to seek health care on their own. This could be an area where an adolescent may be comfortable sharing their concerns. Provide education to the adolescent about when they have agency to seek care for themselves.</p>	

Member Announcements	
	<p>Katie Schoenhoff: Mental Health First Aid training is available to anyone: https://healthfund.org/a/healthy-congregations/mental-health-first-aid/</p> <p>Jill Nelson: Conference on Friday, Oct. 20th in Salina "Maternal Mortality, Who is at the Table of Change?" Look for details soon.</p>

	<p>Heather Braum asked members to help get that work out regarding Medicaid Unwinding/Renewal: https://kancare.ks.gov/</p> <p>Katie Schoenhoff: Upcoming Medicaid Renewal webinars https://healthfund.org/a/medicaid-renewals-webinar-series</p> <p>Pam Shaw shared that many families are confused about the Medicaid unwinding.</p> <p>KDHE Children and Families Section – Local Program Map: https://kdhe.maps.arcgis.com/apps/dashboards/ff50a13177fc465ab96f333d4dc26a54</p> <p>Brenda Bandy, KS Breastfeeding Coalition:.....The KBC offers breastfeeding training (BF 101/201) which is perfect for home visitors. https://ksbreastfeeding.org/our-work/breastfeeding-education-courses/ The Kansas 2023 Breastfeeding Conference will be Oct. 26-27 https://ksbreastfeeding.org/events/kansas-2023-breastfeeding-conference/ August is National Breastfeeding Month!! Details here - https://www.usbreastfeeding.org/national-breastfeeding-month.html</p> <p>Christy Schunn--KIDS Network: Safe Sleep Instructor Training, Sept. 28-29, 2023 https://www.kidsks.org/safe-sleep-instructors.html</p> <p>Registration is now open for the 2023 Virtual Kansas Home Visiting Conference. August 29-30 from 12:30-4:30 each day. Visit here to register: https://whova.com/portal/registration/khvc_202308/</p> <p>REDCap https://redcap.kumc.edu/surveys/?s=RXNL3XDEXL79CC43</p>
<i>Future Meetings</i>	September 13, 2023 (in person)

A recording of the meeting can be found here: <https://vimeo.com/845405839?share=copy>



Kansas Maternal and Child Health Council (KMCHC) Meeting Minutes

Wednesday, September 13, 2023

Members Present: Carrie Akin, Lauren Alexander, Deborah Alliston, Antje Anji, MD, Brenda Bandy, Kourtney Bettinger, Kayzy Bigler, Heather Braum, Kristi Cain, Lisa Chaney, Jaquita Clark, Stephanie Coleman, Amy Dean Campmire, Sridevi Donepudi, Lisa Frey Blume, Holly Frye, Shalae Harris, Elaine Johannes, Jamie Kim, Jeni McDonald, Jennifer Miller, Jill Nelson, Onyenagubo Oluwakemi, Karen Perez, Jessie Piper, Katie Roggenbaum, Cari Schmidt, Heather Schrotberger, Christy Schunn, Pam Shaw, Cassandra Sines, Juliet Swedlund, Cora Ungerer, Stephanie Wolf

Guests: Amber Brown, Derik Flerlage, Lina Gomez Valencia, Kristianna Guerrero, Carissa Jonak, David Jordan, Douglas Neal, Shirley Payne, Zachary Ray, Suzanne Richards-Eckhart, Michael Sauter, Brandi Turner

Staff: Denise Cyzman, Denae Hart

Agenda Items	Discussion	Action Items
Welcome & Recognize New Members/Guest	Elaine Johannes welcomed everyone to the meeting. New members and guests introduced themselves.	
Palliative Care 5-Year Plan Douglas Neal, KDHE Palliative Care Program Manager	Doug Neal presented KDHE Palliative Care Program Executive Summary which can be found here .	Action Item: Program details should be shared with community health workers.

<p>Diversity, Equity, and Inclusion Discussion David Jordan Kayzy Bigler and Jennifer Miller Brandi Tuner Heather Braum</p>	<p>Governor’s Commission on Racial Equity and Justice – David Jordan from United Health Ministries Fund served on the governor’s task force for racial equity and justice. He highlighted key items from the task force report that directly relate to healthcare and the MCH population. His presentation can be reviewed here.</p> <p>Integrating Recommendations from the Governor’s Commission into Title V Work – Kayzy Bigler, Children, Youth, Special Healthcare Needs Director; and Jennifer Miller, State MCH Director/Title V Director presented their crosswalk of how they are integrating the recommendations from the governor’s commission into Title V Work. Their presentation can be reviewed here.</p> <p>How DCF has integrated DEI Training into their Work – Brandi Turner, DEI Officer at DCF presented changes DCF has made to examine their processes and procedures from an equity lens. Her presentation can be reviewed here.</p> <p>Kansas Action for Children – Heather Braum, the Health Policy Advisor for KAC updated the group on legislative goals and priorities KAC has for the upcoming legislative session that have an impact on diversity, equity, and inclusion. The focus for the legislative session will be expanding Medicaid and pushing for the child tax credit. These would greatly improve equitable access to care in Kansas.</p>	<p>Action Item: KMCHC members can help spread the word about Medicaid beneficiaries by updating their information through the KanCare clearinghouse and responding to communication from KanCare. (Medicaid Unwinding message)</p>
<p>Small Group Discussion by Domain & Focus Area</p>		
<p>Small Group Discussion (See Attachment A for an analysis of the responses to these questions for all four groups combined).</p> <ul style="list-style-type: none"> • How is your organization integrating Diversity, Equity, and Inclusion in your work? • How can the State or other state groups help you and other organizations in this work? • What have you heard during today’s presentations that excites and energizes you to act? • What needs to be continued or expanded by the State, state agencies, or other stakeholder organizations? • Summary Question: What are our recommendations for state agencies as they work to promote diversity, equity, and inclusion? 		
<p>Key takeaways for each group are listed below</p>		
<p>Women/Maternal</p>	<ul style="list-style-type: none"> • Need agency acceptance of DEI. Question the status quo and assumptions. 	

	<ul style="list-style-type: none"> • Use data to identify areas of need and assess if/how we are serving the priority population(s). • Increase diversity in hiring. • Focus on systemic issues for a more proactive approach. • Consider who we need at the table when making policy or programmatic changes. Ensure people who are impacted by the project are part of the planning and implementation process. • KBEN Fourth Trimester Initiative and using doulas to facilitate conversations around benefits of LARC were exciting to learn about. 	
Perinatal/Infant	<ul style="list-style-type: none"> • Use CHWs and other peer-supporters from the community support DEI, including communities served in the planning and implementation of projects. • Fund and pay for services to support efforts that promote DEI, such as pilot projects, paying people for their time when representing a community, better pay for CHWs and other peer support positions, and funding community-based organizations led by people of color. • Provide and continue Implicit bias and other DEI-related training. • Institutionalize DEI efforts through changes in organizational bylaws and improved policies. • Expand the DCF DEI program. • Use the Racial Impact Score tool to assess intended and unintended consequences of policy. • Recognizing data is essential. 	
Child	<ul style="list-style-type: none"> • Make the effort to overcome barriers, whatever they may be, and recognize when barriers are systemic in nature. • Hear from diverse groups, ensuring representation from those being served or affected. • Have top leadership buy-in and ensure participation across all levels of the organization. • Be authentic in building partnerships, engaging unique perspectives, and doing what you say you will do. Seek to understand, and if you do not, ask questions. • Be ok with small wins. • Those providing services should have commonalities with those being served. • Keep efforts going – don't allow them to stall. 	
Adolescent	<ul style="list-style-type: none"> • Add "B" to DEI, to reflect diversity, equity, inclusion, AND BELONGING. 	

	<ul style="list-style-type: none"> • Commit to promoting diversity, equity, and inclusion through organizational DEI plans. • Understand how overcoming barriers can lead to success. • Foster collaboration, sharing data and sustaining DEI efforts. • Write an easily understood definition for health equity. • Expand DCF’s DEI efforts into other state agencies. • Do not be afraid of the challenges or the "ugly" aspects of the journey. 	
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Member Announcements	
	<p>Multiple members felt the meeting was beneficial and wanted more time in groups for further discussion.</p> <p>Jennifer Miller announced that they will be surveying KMCHC members for meeting topic ideas for next year and to get feedback on meeting logistics.</p> <p>Doug Neal discussed the Office of Broadband's initiative to improve the mapping of internet connectivity in Kansas. To test your internet connection, you can visit the website www.broadbandks.com. You can follow this link to a folder containing images in both English and Spanish, designed for nonprofit organizations, local governments, and engaged citizens. We encourage you to share these images on both your organizational and personal social media pages to encourage people to take the test. This initiative aims to gain a better understanding of the areas in Kansas that have internet coverage and those that do not. The results of these speed tests will help the Office of Broadband Development identify immediate needs for the 5-year strategic infrastructure plan and narrow the digital divide.</p>
Future Meetings	<p>2024 Meeting dates: January 10, 2024; April 10, 2024; July 10, 2024; October 16, 2024</p> <p>*Subject to change</p>

Attachment A

Themes from Workgroups (combined) for each of the Four Small Group Discussion Questions

1. How is your organization integrating Diversity, Equity, and Inclusion in your work?

Organizations use a variety of approaches to integrate diversity, equity, and inclusion into their work:

- Secure ongoing commitment to promoting DEI and implementing related initiatives by ensuring leadership buy-in (at the top levels), creating DEI action or strategic plans, and establishing DEI committees.
- Build authentic community partnerships and make sure the populations served are represented and actively engaged when planning, implementing, and evaluating DEI initiatives.
- Provide DEI education and training for employees and integrate into onboarding new employees.

- Use inclusive hiring and promotion strategies by prioritizing hires and promotions among the population groups served. Some examples given were people of color and individuals with disabilities. As helpful, offer training and education to build skills and enhance knowledge among populations served.
- Use data to drive decisions and evaluate progress, have realistic expectations, address barriers, and be transparent.
- Have policies and procedures that require assessing diversity, equity, and inclusion efforts regularly.
- Implement projects and offer services to priority populations that reflect DEI principles.

2. How can the State or other state groups help you and other organizations in this work?

Cross-cutting Ideas:

- Recognize systemic issues to proactively address problems.
- Sustain and build upon initial efforts. Do not let them stall.
- Promote equity opportunities and funding for pilot projects, organizations led by communities of color.
- Advocate for fair compensation and job security for positions filled by people coming from the communities they serve (e.g., CHWs, doulas, peer support)
- Improve support provided to individuals who are representative of the communities they serve, including paying for their time.
- Increase transparency and collaboration with data collection and sharing. Clarify the purpose for data collection.
- Encourage collaboration by breaking down silos and avoiding duplication of efforts.

Equity in Foster Care:

- Recruit foster families that resemble the children in the system.
- Address the privilege of foster families and the lack of support for children in the foster care system.
- Emphasize that poverty is not equivalent to abuse or neglect.

KDHE - Health Equity and Education:

- KDHE should clearly define health equity, including incorporating factors such as geography, disability, and other factors.
- Educate on what health equity entails, as there can be different interpretations.

3. What have you heard during today's presentations that excites and energizes you to act?

Learning and Collaboration:

- High praise for DCF's DEI initiative and the desire to learn more.
- Acknowledgment of the value of research-based education and the need to avoid unintentional pressure on marginalized communities.
- The significance of fostering collaborations, partnerships, and connections with external organizations and experts in the field.

Data and Equity:

- Emphasis on data access and analysis to ensure equitable change.
- The call for clear and understandable data presentation to assess outcomes and make necessary adjustments.
- Mention of desegregated data for maternal mortality, highlighting the importance of examining data by different demographics.

Diversity, Equity, and Inclusion (DEI):

- Recognition of the need to address inequities and challenges in DEI work.
- Concerns about the potential impact of upcoming elections on DEI initiatives.
- Encouragement to educate the next generation about population changes and continue expanding DEI efforts.
- Excitement about the potential expansion of the DCF initiative to other state agencies.

4. **What needs to be continued or expanded by the State, state agencies, or other stakeholder organizations?**

Education and Community Engagement:

- The importance of research-based education and evidence-backed programs.
- The call to listen to the community and avoid putting unintended pressure on historically disenfranchised communities.
- Emphasis on clear and understandable data presentation.
- The need for civic education, especially for young people, and how organizations like Loud Light advocate for it.

Data:

- The need for access to clear data to ensure equitable change.
- The goal of making sure outcomes are equitable.

Diversity, Equity, and Inclusion (DEI):

- Discussion about the Department of Diversity, Equity, and Inclusion at the state level and the need to expand and continue the Commission.
- Recognition of the impact of legislative ambiguity on agency responses to DEI initiatives and the potential for toxicity in organizations that are not ready to address DEI.

5. **Summary Question: What are our recommendations for state agencies as they work to promote diversity, equity, and inclusion?**

1. Fund community-based orgs led by people of color.
2. Draw down more federal dollars.
3. Having additional opportunities to fund HEOP locally.
4. Increase capacity to review and apply for grant funding.
5. Add “Belonging” to “Diversity, Equity, and Inclusion.”
6. Don’t be afraid of the ugly. Allow it as part of the journey.
7. Expand the DCF DEI initiative to other state agencies, e.g., KDHE, KDADS.



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Wednesday, January 10, 2024

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Guests: Kari Nelson, Zachary Ray

Staff: Denise Cyzman, Marisa Guerrero, Denae Hart, Mallory Laur

Agenda Item	Discussion	Actions and Decisions
Welcome and New Member Introductions	Dr. Kari Harris, KMCHC Council Chair, welcomed everyone to this virtual meeting. New members and guests introduced themselves.	

<p>HRSA Site Visit Review: Feedback and Recommendations Jennifer Miller, KDHE State MCH Director/Title V Director</p>	<p>Dr. Jennifer Miller reported that the HRSA Site Visit Team had positive feedback from their site visit review.</p>	
<p>KMCHC Member Survey Results Denise Cyzman, KAAP Executive Director</p>	<p>Denise presented a summary of the results from the 2023 KMCHC Member Survey. Of those who completed the survey, 100% of respondents reported positive feedback about their involvement in the Council. Areas for improvement included: (1) increasing diversity among members; (2) having more time to network and connect with other members; (3) hearing from KMCHC members about their work; and (4) providing member updates on actions steps completed between meetings.</p>	<p>Access the survey results on the KMCHC website here.</p> <p>Denise will send a follow-up survey regarding the website's use, as the original survey did not allow for more than one response.</p> <p>KDHE, KAAP, and the KMCHC Executive Committee will use the survey results to engage more members, increase diversity among members, and increase member networking.</p>
<p>KDHE Data Dashboard Jennifer Miller for Brandi Markert, KDHE Advanced Maternal and Child Health Epidemiologist.</p>	<p>Dr. Jennifer Miller demonstrated the newly constructed KDHE/KMCHC Data Dashboard. The Dashboard provides state and national maternal and child health data across all four workgroup domains. Workgroups were asked to use these and other data to inform their workgroup discussions during this and future meetings.</p>	<p>Access the Kansas Maternal and Child Health Dashboard here.</p>
<p>Maternal Mortality Data Jill Nelson, KDHE Perinatal/Infant Health Consultant</p>	<p>Jill Nelson presented and led a discussion on maternal mortality and morbidity data.</p>	<p>Access the full presentation here.</p>
<p>Pregnancy Risk Assessment Monitoring System Data (PRAMS) Oluwakemi Onyenagubo, KDHE Vital and Health Statistics Data Analyst</p>	<p>Oluwakemi Onyenagubo presented the PRAMS survey instrument and the latest results.</p>	<p>Access the full presentation here.</p> <p>Access the PRAMS survey instrument in English here and in Spanish here.</p>

Title X Post Partum Visit Liability Jeni McDonald, KDHE Family and Reproductive Health Program Manager	Jeni McDonald identified a complication with postpartum visits at Title X clinics and prescribing LARC or other birth control. The challenge is ensuring new moms see their OB/GYN for their 6-week check-up.	Access the full presentation here .
Small Group Discussion by Domain and Focus Area - Data	See Attachment A for an analysis of the responses to these questions for all four groups combined. <ol style="list-style-type: none"> 1. What were the most important takeaways from listening to today's data presentations? 2. What data was missing from today's discussion? 3. Based on today's data, what should KDHE consider when preparing next year's block grant application? What do you hope they include? 4. Based on today's data, what ideas do you have for a special project this workgroup could plan and execute – something that would meet an unmet need or make a difference? [begin brainstorming; will revisit in April] 	
Domain Workgroup Key Takeaways and Report to Full Group		
Perinatal/Infant	<ul style="list-style-type: none"> • Seek more disaggregated, real-time data for KS. • Explore doula use and make universal home visiting truly universal. • Address the lack of resources for new parents' post-hospital discharge. 	
Child	<ul style="list-style-type: none"> • Refine relevance to the child workgroup. • Investigate why special healthcare needs data is decreasing, including exploring the exclusion of autism. • Utilize data on disparities in maternal care to develop social norms messaging. • Discuss tracking/reporting on autism in KS schools and liability for diagnoses. • Recommendations: <ul style="list-style-type: none"> ▪ Assess existing projects for collaboration opportunities. ▪ Develop a map of available services and diagnoses. ▪ Take action on vaccinations. 	
Adolescent	<ul style="list-style-type: none"> • Enhance data connectivity and highlight disparities. • Address systematic disparities and consider state-specific variations. • Identify missing data, including the need for more definitions. • Explore state disparities impacting KS and compare with other states. • Provide information on increased adolescent data, focusing on factors like the death rate increase. 	
Women/Maternal	<ul style="list-style-type: none"> • Appreciate data from quality sources but seek more context. • Include impacts related to religion and provider preferences. 	

	<ul style="list-style-type: none"> • Track Managed Care Organizations (MCOs)/payers. • Recommendations: <ul style="list-style-type: none"> ▪ Enhance real-time data availability. ▪ Establish connections between NICU and postpartum care. <ul style="list-style-type: none"> ▪ Emphasize adolescents receiving care. ▪ Plan for episodic-based care, considering models from other states. ▪ Prepare for CMS funding availability in spring. ▪ Include qualitative data for KMRC. ▪ Create a repository for resources, offering a centralized location.
Member Announcements and Updates	<p>Several members identified upcoming advocacy days at the Statehouse.</p> <p>Kansas Action for Children released their 2023 Kids Count Data Book. This includes state and county data.</p>

This project is supported in part by the Kansas Department of Health and Environment with funding through the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services (HHS) under grant number #B04MC32543 and title Maternal and Child Health Services.

2024 Meeting Dates
April 10 (in-person), July 10 (virtual), October 9 (in-person)

Attachment A

Themes from Workgroups (combined) for each of the Four Small Group Discussion Questions

1. What were the most important takeaways from listening to today’s data presentations?
As data are reviewed, it is important to consider the impact of racial/ethnic discrimination on data collection, analysis, and reporting. Across the board, there is a need for disaggregated data for underrepresented and underreported populations, including racial/ethnic communities, rural areas, and even breastfeeding mothers. Enhancing data collection methods, such as including breastfeeding duration in well-baby checks, is suggested to capture missing demographics effectively.

2. What data was missing from today’s discussion?
Discussion of missing data was grouped into these categories.

Autism Data: Data for urban compared to rural communities are needed to demonstrate disparities in access to healthcare, including evaluation/assessment, treatment, education and support services, and other resources. Resource Mapping of available services and resources was suggested to identify gaps and better support families.

State-Specific Disparities: Understanding and addressing state-specific disparities in health compared to national averages is crucial. This includes providing relevant information to the community being served.

Social Determinants of Health (SDOH): Social factors like housing, income, and food security affect health outcomes.

Pregnancy and Preparedness: Data on planned pregnancies and preparedness levels is needed.

Environmental Perceptions: People's perceptions of their environment impact their well-being, highlighting systemic issues.

Newborn Care: Ensuring easy and timely access to support for newborn care is crucial. Psychological safety and peer support are essential components.

Vaccination Rates: Declining vaccination rates, including recent measles outbreaks and legislative efforts to change exemption rules, need attention.

3. Based on today's data, what should KDHE consider when preparing next year's block grant application? What do you hope they include? The workgroups recommended that KHDE consider the following when preparing the FFY24 block grant application.

Community-Based Supports

- Integration of Community Supports: Emphasize the role of community-based support workers alongside clinical support and evidence-based programs.
- Home Visiting and In-Home Supports: Services like home visiting, Community Health Workers, and doulas are important, potentially as standard care with opt-out options.
- Peer Breastfeeding Support: Continued support for peer breastfeeding programs, especially those led by persons of color.

Adolescent Health Data

- Adolescent Mortality Data: There is a need for comprehensive data on causes of adolescent deaths, including trends and details from sources like KCTC and the suicide dashboard.
- Strategic Interventions: Availability of adolescent mortality data by county to enable targeted interventions.
- Fentanyl Use and Narcan Resources: Inclusion of data on fentanyl use and Narcan availability.

Autism and Mental Health

- Autism Data and Funding: Increased focus on autism rates in Kansas and advocacy for more funding.
- PMADS Focus: While PMADS focuses on maternal mortality, there is a need for strategic outreach to groups with higher disparities, particularly racial and ethnic groups.
- Mental Health and Suicide Prevention: Greater emphasis on mental health and suicide prevention, including for younger age groups. Tracking self-harm and suicide attempts could provide valuable insights.

Social Determinants of Health

- Surveillance expanded to include data on adverse childhood experiences (ACEs) and child maltreatment. Current efforts track opioids and suicide in real time.

- Collection and partnership for SDOH data, potentially at the county level. Hospitals and KDHE are involved in collecting this data, though standardization and consistent collection need improvement.
 - Positive Childhood Experiences Screening: Exploring the potential for standardized screening of positive childhood experiences during well-child visits.
 - Ensuring that data collected on SDOH and other health factors is used effectively to identify needed resources and ultimately provide them.
4. Based on today's data, what ideas do you have for a special project this workgroup could plan and execute – something that would meet an unmet need or make a difference? [begin brainstorming; will revisit in April]

Data Projects

- Identify and list drug-free community grants and other grants that address adolescent health, such as the Kansas Prevention Community Coalition Initiative.
- Data that supports later school start times for adolescent wellbeing.
- Need to gather data on causes of adolescent death before deciding on a project

Resources for Families

- Need to identify and post transportation resources for families who have children with autism or other special health care needs.

Education and Awareness

- A project to educate the anti-vaccination community.
- Create social media campaigns to distribute more information, information on vaccinations, social determinants of health, maternal mortality, and maternal warning signs, all of the data points we have discussed today.



Kansas Maternal & Child Health Council (KMCHC)
Meeting Minutes
Wednesday, April 10, 2024

Members Present: Rebecca Adamson, Carrie

Akin, Kourtney Bettinger, Heather Braum, Jennifer Bruning, Cristi Cain, Amy Dean Campfire, Drew Duncan, Geno Fernandez, Kelsee Fout, Lisa Frey Blume, Holly Frye, Jason Geslois, Kirstianna Guerrero Kari Harris, Shalae Harris, Elaine JohannesKaitlin Johnson, Karly Lauer, Shannon Kennedy, Jeni McDonald, Jennifer Miller, Oluwakemi Onyenagubo, Karen Perez, Jessie Piper, Cari Schmidt, Christy Schunn, Lisa Shoop, Cora Ungerer, Stephanie Wolf, Kendra Wyatt, Donna Yadrich

Guests: Anna Gregory, Adelina Gutierrez Zavala, Kari Nelson, Jade Ramsdell

Staff: Denise Cyzman, Marisa Guerrero

Agenda Item

Discussion

Actions and Decisions

Welcome and Member Introductions	Dr. Kari Harris, KMCHC Chair, welcomed everyone to this meeting. She introduced three new members and facilitated introductions by all members and guests.	
KMCHC Member Spotlight	Marisa Guerrero, Outreach and Event Coordinator from the Kansas Chapter of the American Academy of Pediatrics presented a special grant project that provides funding to community organizations and local agencies to support the re-enrollment and enrollment of Kansas Medicaid beneficiaries.	Several KMCHC members expressed interest and spoke to Marisa later during the day.
2024 Legislative Update Heather Braum, Health Policy Advisor, Kansas Action for Children	Heather Braum provided a comprehensive review of the 2024 Kansas Legislature. The Legislature is currently on a three-week recess and will reconvene for a few days at the end of May.	The KAC report is found here .
Title V – Kansas Maternal and Child Health Program Chris Tilden, KU Center for Public Partnerships and Research Jennifer Miller, State MCH Director/Title V Director	Chris Tilden gave an update on the Kansas Maternal and Child Health Program’s Title V Needs Assessment and presented ways KMCHC members could provide input. Dr. Jennifer Miller provided an update on the KMCH/Title V program.	Access Dr. Miller’s slides here .
Maternal and Child Health Inequities Jade Ramsdell, Performance Improvement Director, KDHE	Jade Ramsdell presented an overview of health inequities related to Maternal Health. A robust discussion with the Council followed her presentation.	Access Jade Ramsdell’s slides here .
Small Group Discussion by Domain and Focus Area – Special Projects	See Attachment A for Workgroup Action Plans and an Executive Summary of their discussion. <ol style="list-style-type: none"> 1. What were the most important takeaways from listening to today’s presentations? 2. Based on the information presented today and the ideas generated at the last meeting, what can this workgroup do as a special project – something that would meet an unmet need or make a difference? 3. Create a special Project Action Plan 	
Domain Work Group Special Projects	<ul style="list-style-type: none"> • Women/Maternal: TBD at the July meeting; this meeting was focused on idea generation • Perinatal/Infant: Welcoming new babies to Kansas – link to Kansas Newborn Screening Program • Child: Safety warning signs in children ages 5-12 years 	

	<ul style="list-style-type: none"> Adolescent: Educating older adolescents about voting.
Member Announcements and Updates	Several members provided announcements about special events within their organization or community.

This project is supported in part by the Kansas Department of Health and Environment with funding through the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services (HHS) under grant number #B04MC32543 and title Maternal and Child Health Services.

2024 Meeting Dates: July 10 (virtual), October 9 (in-person)

Attachment A

April 10, 2024 Domain Workgroups Workgroup Domains' Special Projects/Action Items

Perinatal/Infant: Welcoming New Babies in Kansas

Action Item	Responsibility	Resources Needed	Timeline
Create a postcard with QR code to link to newborn screening brochure. (Postcard will also feature translation option for different languages.)	KDHE team create. Workgroup feedback in July meeting	Piloting in rural communities. Postage. Funding to print postcard. (Domain suggested KAAP.)	Next quarterly meeting
Select the communities to pilot for one month to evaluate			Next quarterly meeting

Child:

Provide information on warning signs and things to look for in children aged 5-12. This can be incorporated into professional health and safety training and disseminated through the same channels used for the maternal warning signs.

Adolescent:

Focus on a voter registration campaign for Kansans. Kari Nelson is to set up a meeting with Loudlight/KAC leaders and the domain workgroup.

Women/Maternal:

See page five for a list of potential projects; one will be selected at the July meeting.

Common themes from Domain Workgroup reports:

- Inclusivity and Equity
- Youth and Family Engagement
- Addressing Social Determinants of Health (SDoH)
- Workforce Development
- Policy Advocacy and Collaboration

Domain Workgroup Reports:

Perinatal/Infant

The group discussed key areas of focus for supporting families and promoting health equity in Kansas. One significant takeaway was the KAAP grant opportunity aimed at supporting families in Medicaid re-enrollment event activities, addressing the issue of children losing Medicaid coverage, particularly in Southwest Kansas. Collaboration with KDHE through listserv sharing was highlighted as a potential avenue for contacting families to re-enroll in Medicaid.

Jade's presentation highlighted important initiatives such as the Bureau Tour on Health Equity, efforts to collect data through surveys, and the integration of Community Health Workers (CHWs) into perinatal care, emphasizing language access as a critical aspect for local providers.

In response to today's discussions and previous ideas, several potential special projects were identified. These include:

1. Coordinating with housing authorities to provide medical care to address social determinants of health (SDoH).
2. Ensuring healthcare materials are accessible by translating them to a reading level below fifth grade.
3. Identifying where families seek information and providing resources in those locations, potentially leveraging cell phone usage data for targeted outreach.
4. Establishing a statewide FIMR program to analyze and address factors contributing to infant mortality.
5. Utilizing existing mobile units in maternity care deserts to provide services aimed at reducing unplanned pregnancies and promoting birth spacing.
6. Promoting awareness of sleep-related deaths in the media, potentially through collaboration with experts like Kyran Quinlan.
7. Implementing a postcard campaign to communicate newborn screening results to parents and encourage follow-up care, promoting postpartum visits in a non-overwhelming manner.

These proposed projects aim to address unmet needs and make a significant impact on family health and wellness in Kansas, emphasizing accessibility, education, and community engagement.

Child

Today's presentations offered insights into key areas of focus for Kansas's healthcare and welfare landscape. These include a call for greater utilization of data in Medicaid strategies and emphasizing the need to translate data into actionable policy initiatives. There were discussions on the importance of incorporating family and youth voices into program development, plus aiming for a culture shift towards inclusivity in public health practices.

Several pressing issues were highlighted, such as the need for housing and food equity, adequate K-12 funding, and addressing workforce shortages, particularly in the behavioral health sector. Challenges in accessing services, like ABA providers for autism, underscored the critical need for workforce development initiatives and support structures for providers.

In response to these insights and previous discussions, potential special projects were proposed. These include establishing a statewide lived experience council to inform policy and program development, exploring apprenticeship opportunities for childcare to address workforce shortages, and researching successful campaigns to reduce stigma around behavioral health issues.

Additionally, there were calls for age-appropriate trainings and support systems for providers dealing with behavioral challenges in school-aged children, as well as efforts to disseminate information on warning signs and support resources for children aged 5-12.

These proposed projects aim to address unmet needs and meaningfully impact the healthcare and welfare landscape in Kansas, emphasizing collaboration and innovation in addressing pressing challenges.

Adolescent

The workgroup discussed critical areas of concern regarding youth welfare and healthcare in Kansas. One insight is the recognition of foundational gaps in youth services beyond maternal and child health. There's an opportunity to address this by focusing on building adolescent foundations and utilizing targeted campaigns to bolster support.

The need for a Youth Advisory Council was emphasized, highlighting the necessity for direct youth input in policymaking and program development. Additionally, it was underscored that equity conversations must include foster care and special needs populations, ensuring their inclusion and support in healthcare initiatives.

The Kansas Department of Health and Environment (KDHE) showcased efforts emphasizing social determinants of health, signaling a promising direction in addressing broader health disparities. However, there's a call to action to address the invisibility and hyper-visibility of diverse populations, advocating for tailored support to meet their unique needs.

Despite recognition of the importance of Medicaid Expansion, there has been a noted lack of advancement in this area, highlighting a persistent challenge in healthcare policy.

Several potential special projects were identified in response to these insights and the ideas generated in prior meetings. These include:

1. Development of a Youth Advisory Council for Kansas: This project aims to establish a platform for youth voices in policymaking and program development, incorporating existing youth leadership organizations to ensure comprehensive representation.

2. Mentoring Program for Adolescents: Collaborating with the Maternal and Child Health Coalition/Family Advisory Council, this project seeks to establish a mentoring program to support adolescents in navigating healthcare and other critical life domains.
3. Playbook for Medicaid Expansion Advocacy: A comprehensive guide for state allies to effectively advocate for and promote Medicaid Expansion, addressing common challenges and providing strategies for garnering support.
4. Education Campaign on Youth Civic Engagement: This project aims to raise awareness among youth about the importance of policy advocacy and government involvement, fostering a culture of civic health and active participation.

Women/Maternal

This group focused on the potential to connect the Kansas Maternal Child Health Council (KMCH) with the Women's Health Care Services Fund (WHCSF) to address maternal morbidity issues effectively. Additionally, organizing an information session with KONZA, focusing on health information technology integration, presents a promising avenue for advancing maternal health initiatives.

The integration of OBRA, USCDI, and Maternity data through platforms like KONZA offers a comprehensive approach to maternal health management, with specific emphasis on smoking cessation programs facilitated by OBRA. Lisa's proposal for an "API" button to streamline access to smoking cessation resources underscores the importance of technological innovations in healthcare delivery.

Based on today's discussions and previous ideas, several potential special projects were identified:

1. Advocating for Kansas KanCare to apply for the Notice of Funding Opportunity (NOFO) and leverage CMS/CMMI resources for transforming maternal health initiatives.
2. Facilitating collaboration between the Maternal Child Health Council and the Clark Schultz Mother Mortality Committee to synergize efforts in addressing maternal health challenges.
3. Organizing an information session with KONZA to explore opportunities for leveraging health information technology to enhance maternal health outcomes.
4. Prioritizing efforts on utilizing the OBRA form to promote smoking cessation initiatives, aligning with broader maternal health objectives.

These proposed projects aim to address unmet needs and drive meaningful progress in maternal health and wellness in Kansas, emphasizing collaboration, technology integration, and targeted interventions to improve outcomes.

Kansas MCH Council Website

(One Year: Oct 1, 2024 –Sep 30, 2025)

<http://kansasmch.org/>



Data from Google Analytics

Definitions

Views: The total number of pages viewed. Repeated views of a single page are counted.

Users: Users who have initiated at least one session during the date range. In this case, unique users within each month.

Sessions: A session is the period of time a user is actively engaged with your website; a group of interactions one user takes within a given time frame on your website. Google Analytics defaults that time frame to 30 minutes, meaning whatever a user does on your website (e.g. browses pages, downloads resources, purchases products) before they leave equals one session.

Bounce Rate: The percentage of all sessions where users only viewed a single page on your website.

Data Dashboard

Users	Sessions	Session/User	Views	Views/User	Avg Duration	Bounce Rate
7,618	10,930	1.43	42,585	5.59	1m 49s	43.06%

Summary Points

- From Oct 1, 2024 –Sep 30, 2025 the site had an average 635 users each month who viewed an average 3.90 pages during each session.
- The website had 42,585 views with January 2025 having the largest number of views at 13,167 recorded.
- The website recorded 2,186 files downloaded by users. (*This does not include PDFs that were viewed, but not saved to a user's device*)

Additional Data

- About 74.7% of users visited the site on desktop, 24.9% on mobile devices, and less than 1% on a tablet.

- After the [home](#) page, the most viewed pages during this time range were the [KCC Psychiatric Care Coordination](#) page, [Family Advisory Council About Us](#) page, and the [Kansas Connecting Communities](#) page.
- The home page is generally the most visited page on our website. It received 24,400 views from Oct 1 2024- Sep 30 2025.
- Most users were located in Kansas City, followed by Wichita, Chicago, and Topeka.
- 96% of our users' primary language is English, 1% Spanish, and various other languages made up the remaining 3%.
- 99% of site visitors were new, less than 1% were returning visitors.
- 45% of users found the website through direct links, 38% from related searches, and 16% from social media. The remaining found the website through emails.
- The average session duration was 1 minute and 49 seconds.
- **Top 3 Action Alerts by Views**
 - The [National Breastfeeding Month](#) page received 449 views
 - The [Folic Acid Awareness](#) page received 228 views
 - The [Women's Health Month](#) page received 212 views

Family Advisory Council

- With 1,927 views, the FAC pages made up 4.53% of total website traffic.

Top Five FAC Pages by Views:

1. [FAC About Us](#) - 1328 views
2. [FAC Members](#) - 176 views
3. [FAC Materials](#) - 114 views
4. [FAC Goal](#) - 77 views
5. [FAC Meetings](#) - 67 views

Kansas Connecting Communities*

** KCC's reporting period differs slightly from our typical reporting period for KMCHC, with the KCC data shown being from 9/30/2024 - 9/29/2025.*

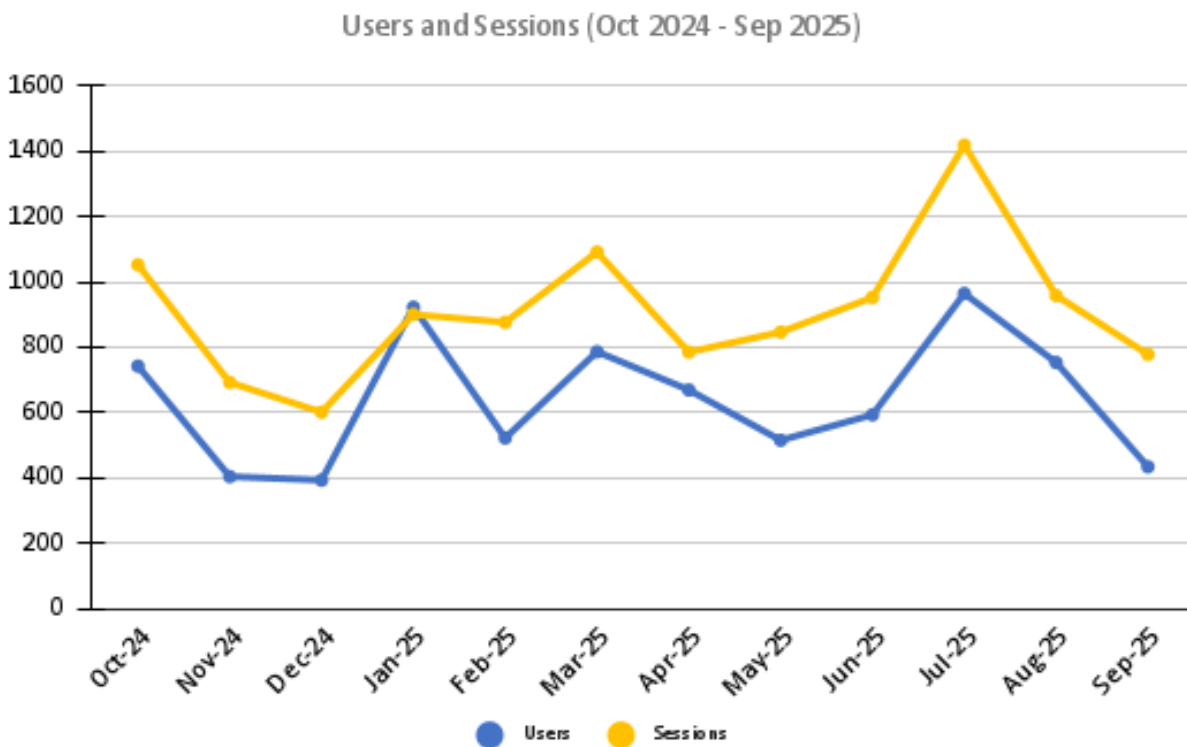
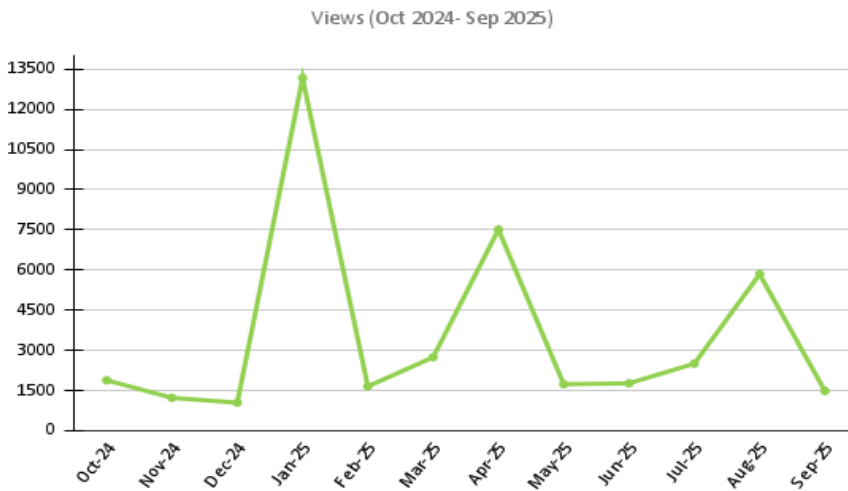
- With 5,835 views, the KCC pages made up 13.7% of total website traffic.

Top Five KCC Pages by Views:

- [KCC Home](#) - 2,127 views
- [KCC Psychiatric Consultation Care Coordination](#) (archived)- 1,254 views
- [KCC Resources](#) - 1,004 views
- [KCC Education and Training](#) - 579 views

- [KCC About](#)- 336 views

Summary Charts (Oct 1, 2024 - Sep 30, 2025)



Kansas Maternal & Child Health

Facebook Insights (Oct 1, 2024 – Sept 30, 2025)

Data was pulled in late October 2025



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 Total Post Interactions Each Month Page 6

Total Posts (Oct 2024 – Sept 30, 2025)

270

Average Monthly Posts

~21 monthly posts

Page Follows	93
Total Posts	270

Top 10 Posts by Reach (October 1, 2024 – September 30, 2025)

* next to the "Reach" number indicates the post was boosted with paid advertising

1. Maternal Mental Health



August 21, 2025
*Reach: 8,327
Views: 8,785
Shares: 3
Reactions: 3

Caption: Becoming a new parent can be hard. It is normal to feel down, worried, and overwhelmed after having a baby. You are not alone. Mental health challenges are

common during this time and there is no shame in seeking help. If you need someone to talk to, call or text the National Maternal Mental Health Hotline at 1-833-TLC-MAMA (1-833-852-6262) any time. It's free and confidential.

#MaternalMentalHealth #TLCMAMA

2. Input Survey Feedback

Caption: We want to hear from you! Your input matters on the Title V Maternal Child Health Block Grant. Please review the pieces of work that matter most to you and complete a short online survey, <https://www.kansasmch.org/block-grant.aspx>.

We look forward to seeing your thoughts and incorporating your feedback into our future work across Kansas! 🌻💙

Responses to this feedback survey are kept strictly confidential. The deadline to share your input through this survey is July 11, 2025.

3. Input Survey Feedback

Caption: Submit your public input by this Friday, July 11th! 🕒

We want to hear from you! Your input matters on the Title V Maternal Child Health Block Grant. Please review the pieces of work that matter most to you and complete a short online survey <https://www.kansasmch.org/block-grant.aspx>. We look forward to seeing your thoughts and incorporating your feedback into our future work! 🌻💙

4. Input Survey Feedback

Kansas Maternal & Child Health Partner
We need your feedback!
 As part of the Title V Maternal & Child Health (MCH) Services Block Grant Federal-State partnership, Kansas makes the annual application and report available to the public for the purpose of gathering input. We have created an online survey to collect information, opinions and perspectives from consumers and partners across the state. As a key partner informed of and concerned about the needs of MCH populations, services and resources we invite you to share your input. Find more information online at: www.kansasmch.org
 Your input is very important to us and will be kept strictly confidential.
Take the survey here:
<https://arcg.is/98LSn0>
 The survey will open for public input on June 23 and close on July 11, 2025.

July 1, 2025
***Reach: 3,678**
Views: 5,016
Shares: 5
Reactions: 4

Caption: Whether you're a parent, health professional, government official, advocate, or member of the general public, MCH activities touch your life.

Please review the pieces of work that matter most to you and complete a short online survey <https://kansasmch.org/block-grant.aspx>. We look forward to seeing your thoughts and incorporating your feedback into our future work! 🌻💙

The deadline to share your input through this survey is July 11th.

5. Car seat Safety

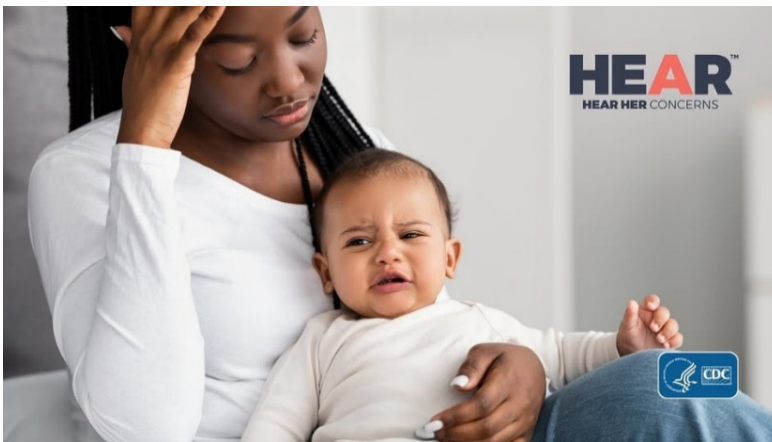
January 3, 2025
Reach: 640
Views: 1,149
Shares: 7
Reactions: 9



Caption: Winter can be a tricky time for car seats. ❄️ As a general rule, bulky clothing, including winter coats and snowsuits, should not be worn underneath the harness of a car seat.

Here are a few tips to help strike that perfect balance between keeping little ones warm as well as safely buckled in their car seats. ➡️
tinyurl.com/wintertimecarseatsafety

6. Maternal Mental Health



February 11, 2025

Reach: 457

Views: 648

Reactions: 2

Shares: 2

Caption: Is someone you love pregnant or had a baby in the past year? Listen to them if they express any concerns. Learn about the urgent maternal warning signs. Acting quickly and helping them get immediate care could help save a life.

#HearHer <https://bit.ly/CDChearHerAdvocates>

#MaternalHealth #MaternalHealthAwareness

7. Safe Sleep



July 10, 2025
 Reach: 403
 Views: 699
 Reactions: 1
 Shares: 5

Caption: Remember to have babies sleep alone, on their back, and in a clutter-free crib every time. To find out more about what safe sleep is, visit www.kidsks.org/safe-sleep.html

8. **Breastfeeding**



March 10, 2025
 Reach: 329
 Views: 514
 Reactions: 3
 Shares: 8

Caption: Breastfeeding reduces the risk of SIDS. Providing breastmilk to your baby for as little as two months has been shown to significantly reduce the risk of SIDS, whether you're breastfeeding exclusively or combination feeding!

Find Local Breastfeeding Resources: <http://ksbreastfeeding.org/resources/>

9. **Preeclampsia Awareness**

May 28, 2025
 Reach: 328
 Views: 470
 Reactions: 2
 Shares: 6

Preeclampsia Kansas Department of Health and Environment

- What are my blood pressure numbers? Are they normal?
- Am I at high risk for developing preeclampsia?
- If I develop preeclampsia, how could it affect me and my baby?
- Do you recommend that I take low-dose aspirin to help prevent preeclampsia?
- What are the risks and benefits, for me and my baby, if I take aspirin to prevent preeclampsia?
- What else can I do to have a healthy pregnancy?

Caption: What do I ask the doctor about #Preeclampsia? Keep these questions in mind at your next appointment.

10. **Kansas Home Visiting Program**



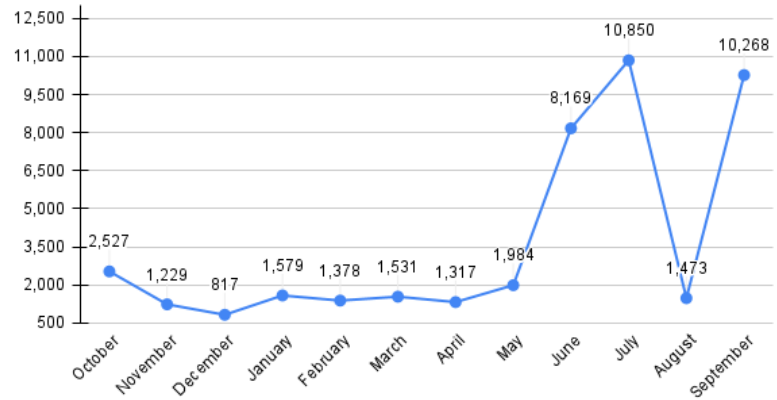
April 16, 2025
Reach: 324
Views: 569
Reactions: 2
Shares: 4

Caption: Kansas Home Visiting is free & flexible! Home Visiting programs are as unique as the families they serve. All Kansas families with pregnant mothers and/or with children ages birth to five years, can participate! Learn more:

Facebook Page Reach

10/24 – 9/30/25	43,122
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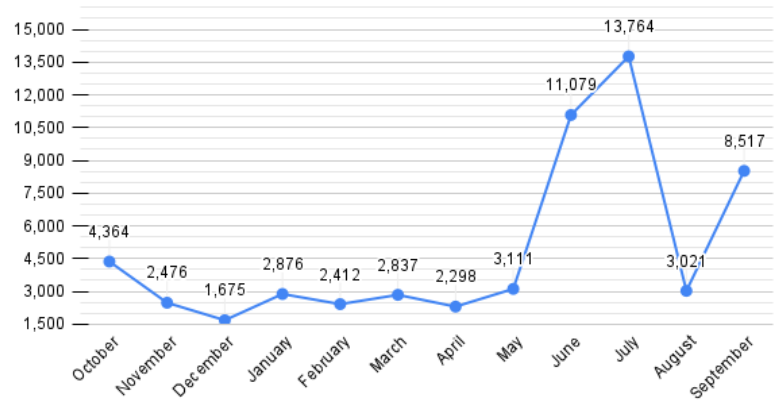
Total Reached Each Month



Facebook Page Views

10/24 – 9/30/25	58,430
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Total Views Each Month



Facebook Post Interactions*

10/24 – 9/30/25	962
-----------------	-----

*Post interactions include shares, reactions, and comments on a post.

Total Post Interactions Each Month

