



February 18, 2020

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To Whom It May Concern:

Thank you for the opportunity to provide public comment regarding opportunities to improve health care access, quality, and outcomes for parents and infants in rural communities before, during, and after pregnancy. Kansas Action for Children is a nonprofit, nonpartisan organization. Our vision is to make Kansas the best state to raise -- and be -- a child, and our organization shapes health, education, and economic policies that improve the lives of Kansas children and families.

Almost all of the 105 counties in Kansas are rural, with only six urban counties and 10 semi-urban counties.ⁱ According to the Kansas Hospital Association:ⁱⁱ

- 1 in 3 Kansans live in rural areas.
- Kansas rural hospitals serve more than 900,000 Kansans.
- 102 Kansas community hospitals are rural.
- 11,000 babies are born annually in rural hospitals in our state.

Kansas hospitals, particularly in rural areas, are closing because of our state's refusal to expand Medicaid. If pregnant persons have to travel long distances, they are less likely to seek prenatal care services. Frontier and rural Kansas counties have lower rates of prenatal care than urban areas. Without prenatal care, pregnant persons might not receive adequate care or have delayed care, leading to more serious and expensive medical needs.

Regular post-pregnancy visits to the pediatrician are important for babies and parents. These visits provide avenues to support parents and other caregivers in their own health and successful parenting. Positive relationships are the foundation of healthy development for young children. When a parent is sick or suffering from depression, that can have profound effects on bonding with children.

Home visiting services and supports need to be available to every Kansas family that can benefit, especially families in rural and frontier areas. Women and children in rural and frontier communities are at higher risk than their urban counterparts.ⁱⁱⁱ Those in rural and frontier communities experience high risk for low birth weight, infant mortality, and inadequate prenatal and postnatal medical care.^{iv}

Rural and frontier-dwelling women are younger, experience higher maternal and infant mortality

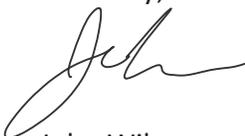
rates, give birth to a greater number of children, and are more likely to be on public health insurance or uninsured than their urban counterparts.^v Families in rural and frontier communities are more likely to be of low-income status, have lower maternal education rates, or have limited access to vital health care such as prenatal care.^{vi} Expanding home visiting programs in rural and frontier Kansas communities can help increase screening and access to needed services, decreasing the risk of preterm birth, poor maternal and child health outcomes, and families that are not economically self-sufficient.^{vii} Many states use Medicaid to pay for home visiting through a variety of pathways for eligible children, parents, and pregnant persons. While it cannot pay the full cost of a comprehensive program, Medicaid can support many services that occur during home visits, such as screenings.^{viii}

Possible improvement strategies for home visiting in Kansas include:

- Expand home visiting programs to reach communities throughout the state. Explore recruitment strategies for qualified home visitor candidates in rural and frontier areas to assist with hiring shortages.
- Provide adequate funding to recruit and train qualified home visitors within the communities they serve; this includes considerations of race, ethnicity and culture, not simply geographic boundaries. Seek input from local communities about their needs to guide and develop programs and services.
- In the absence of professionals with roots in communities serving clients, provide professional development in cultural responsiveness.
- Through screening, match families with available programs and services that best meet their needs, interests, and desired outcomes, understanding home visiting happens across a continuum. Programs and services should be aligned with the needs of the child and family; this may result in referral/ transition from one home visiting program to another at the community level.
- Conduct outreach to raise parent and caregiver awareness about available services within their community, about what to expect, and about potential benefits of participating.
- Explore ways to increase access to and pay for home visiting through Medicaid to ensure payment and/or reimbursement for providers.
- Educate lawmakers about the benefits of supporting parents from pregnancy to school entry for the best outcomes for mothers, children, and families.

Thank you for the opportunity to share our thoughts regarding maternal health in rural areas, and please do not hesitate to contact me at john@kac.org if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'John Wilson', written in a cursive style.

John Wilson



- i Kansas Action for Children. 2019 KIDS COUNT Kansas Data. <https://kac.org/wp-content/uploads/2020/01/2020KansasData.pdf>
- ii Kansas Hospital Association. “Protecting the Foundation of Health Care in Kansas.” <https://www.khanet.org/CriticalIssues/AccessToCare/RuralIssues/>
- iii “Rural Policy Implication for Maternal, Infant and Early Childhood Home Visitation Program.” National Advisory Committee on Rural Health and Human Services. 2011. <https://www.hrsa.gov/advisorycommittees/rural/publications/wphomevisitation092011.pdf>
- iv “Rural Policy Implication for Maternal, Infant and Early Childhood Home Visitation Program.” National Advisory Committee on Rural Health and Human Services. 2011. <https://www.hrsa.gov/advisorycommittees/rural/publications/wphomevisitation092011.pdf>
- v “Issues in Rural Service Provision.” The Kansas Children’s Cabinet and Trust Fund. 2017. <http://kschildrenscabinet.org/wp-content/uploads/2018/03/Rural-Access-Kansas.pdf>
- vi “Issues in Rural Service Provision.” The Kansas Children’s Cabinet and Trust Fund. 2017. <http://kschildrenscabinet.org/wp-content/uploads/2018/03/Rural-Access-Kansas.pdf>
- vii Novoa, Cristina and Workman Simon. “Early Childhood Agenda for Governors in 2019.” Center for American Progress. December 2018. <https://www.americanprogress.org/issues/early-childhood/reports/2018/12/13/464189/early-childhood-agenda-governors-2019/>
- viii Johnson Group Consulting, Inc. “Medicaid and Home Visiting: The State of States’ Approaches.” January 2019. <https://ccf.georgetown.edu/wp-content/uploads/2019/01/Medicaid-and-Home-Visiting.pdf>