



PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT



Guide to the 2014 Kansas Work Plan

Background

In 1981, Congress authorized the Preventive Health and Health Services (PHHS) Block grant. The PHHS Block grant provides 61 grantees— which include the 50 states and the District of Columbia, 2 American Indian tribes, including the Kickapoo in Kansas, and 8 U.S. territories— with a dedicated source of funds to address their identified priorities for prevention & health promotion. Kansas has actively applied and received funding through this source since 1986. Funding guidelines stipulate grantees maintain a steering

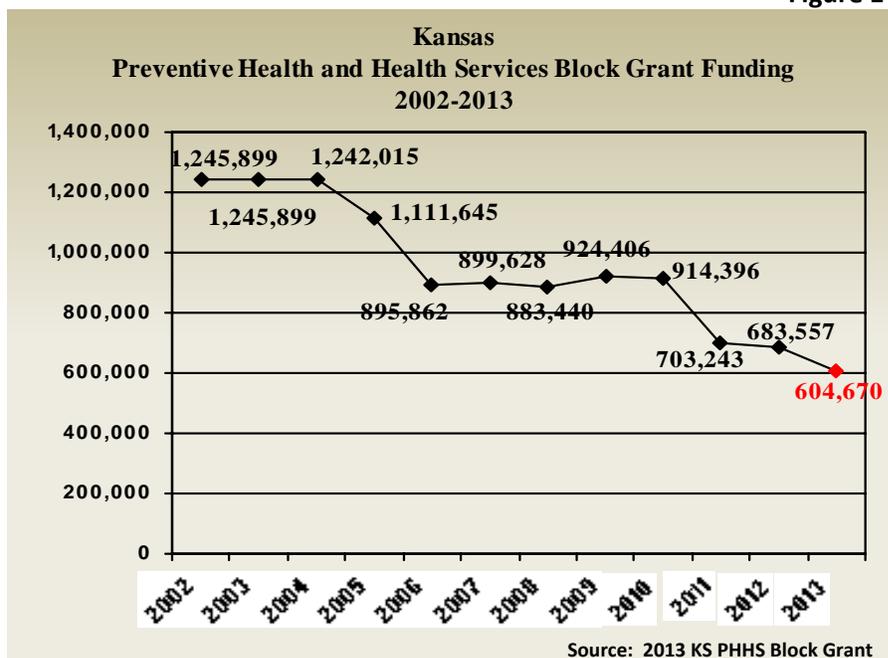
committee of internal and external stakeholders. These partners provide insight into pressing health issues pertinent to the state and ensure block grant dollars are invested in health areas with demonstrated need and limited access to other funds. Once a sizeable and reliable source of prevention and health promotion funding for states, block grant allocations have

become less predictable over the past ten years as illustrated in Figure 1. The dollars available to Kansas peaked in the late 1990's at nearly \$1.8 million and have recently dipped to their lowest levels with this year's projected award of just over \$600,000.

The Role of Healthy People

Healthy People is a set of goals and objectives with 10-year targets designed to guide national health promotion and disease prevention efforts to improve the health of all people in the United States. Released by the U.S. Department of Health and Human Services each decade, this framework reflects the idea that setting objectives and providing science-based benchmarks to track and monitor progress can motivate and focus action. Every fiscal year, block grantees use *Healthy People* objectives to address the unique health needs and funding gaps in their communities. In Kansas, the work outlined in the PHHS Block grant aligns with both *Healthy People* and the priorities of the Healthy Kansans (HK) process. Convened every ten years to coincide with the national release of *Healthy People*, the HK Steering Committee represents a robust group of Kansas decision makers who use the latest health objectives and targets to develop themes and priorities to address the comprehensive health continuum in Kansas over the next decade.

Figure 1



The themes and key priorities identified through the latest HK process, Healthy Kansans 2020, are included in Figure 2.

Figure 2

Healthy Living (HL)	Healthy Communities (HC)	Access to Services (AS)
HL1. Promote physical activity	HC1. Promote access to healthy foods, and support policies that promote healthy food choices	AS1. Improve access to services that address the root causes to poor health
HL2. Promote healthy eating	HC2. Support policies that make the default choice the healthy choice	AS2. Effectively and efficiently use population health management through health information technology (HIT)
HL3. Develop incentives for Kansans to participate in health and wellness programs	HC3. Promote environments and community design that impact health and support healthy behaviors	AS3. Promote integrated health care delivery, including integrated behavioral health, social services and medical care
HL4. Promote tobacco use prevention and control		
HL5. Improve supports for the social and emotional development of children and families		



Proposed Areas of Investment

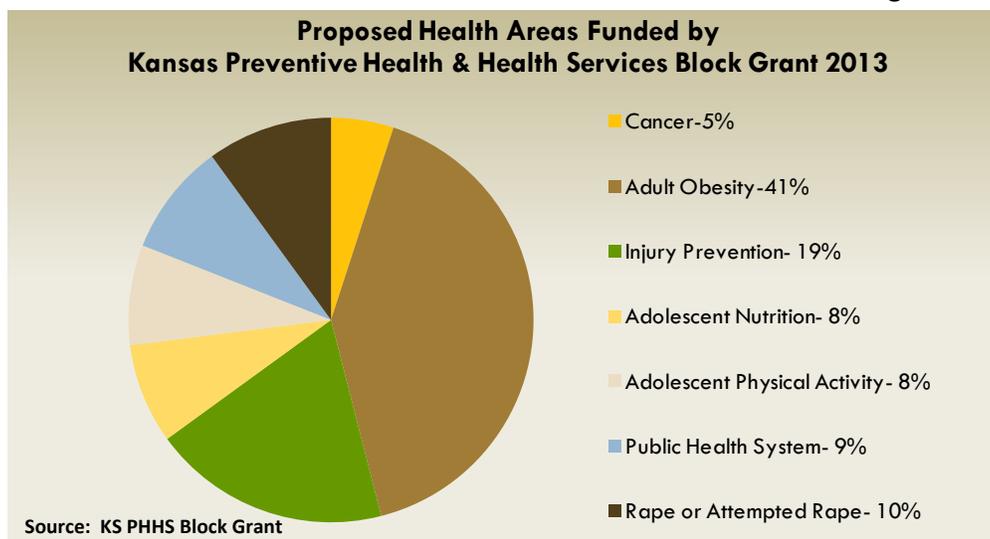
As a critical public health resource in Kansas, the investment of PHHS Block grant funds supports the following:

- Prevention efforts to address the leading causes of death and injury, particularly those areas which receive little to no funding
- Support for an integrated public health system responsible for not only individual level outcomes, but health improvement for the population as a whole
- Rapidly emerging health threats
- Prevention efforts which leverage additional resources for greater preventive health impact

The SFY2014 draft work plan which the committee is reviewing today aligns with Healthy People, Healthy Kansans 2020 and the guidelines described above. The objectives and actions outlined in this draft work plan will be routinely monitored and feedback incorporated on a regular basis to

Figure 3

support the broader work to evaluate the health status of all Kansans. The proposed SFY2014 work plan focuses investment in all eleven Healthy Kansans priority areas and the seven Healthy People 2020 topics illustrated in Figure 3.



Chronic diseases are the most common and costly of all health problems, but they are also the most preventable (Figure 4). Although chronic diseases are more common among older adults, behaviors that contribute to chronic disease begin early in life. **Four common, health-damaging, but modifiable behaviors—tobacco use, insufficient physical activity, poor eating habits, and excessive alcohol use—are responsible for much of the illness, disability, and premature death related to chronic diseases in Kansas.** The PHHS Block grant SFY2014 work plan will invest in activities to address two of the four modifiable behaviors for chronic disease.

Figure 4

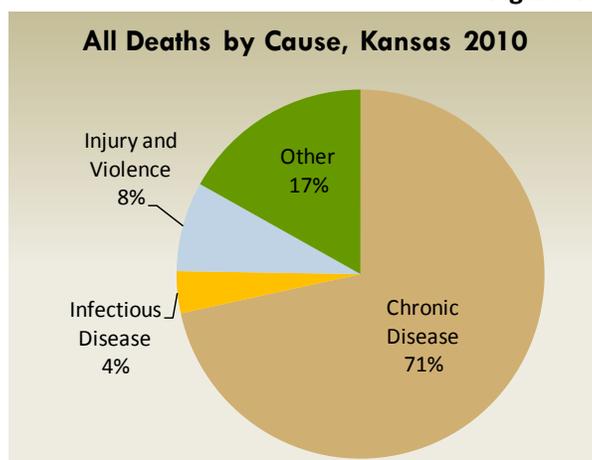
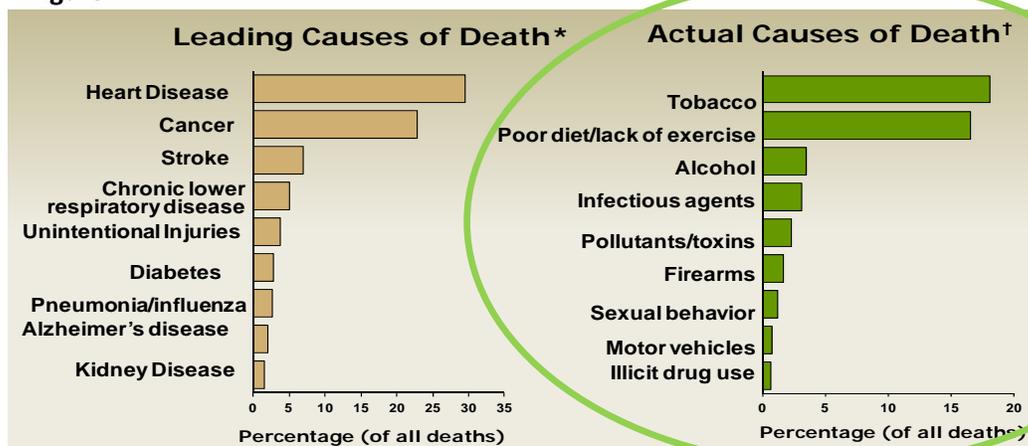


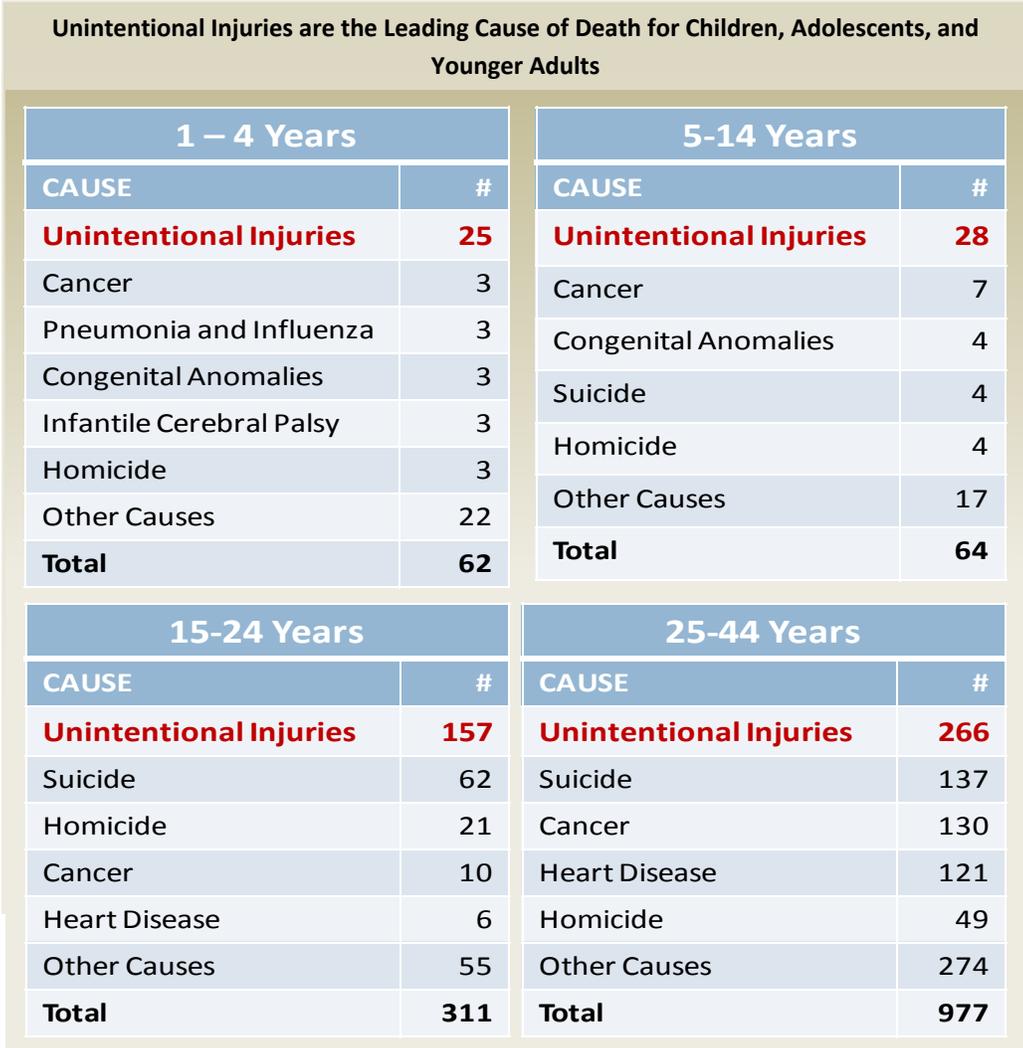
Figure 4



Source: *Minino AM, Arias E, Kochanek KD, Murphy SL, Smith BL. Deaths: final data for 2000. National Vital Statistics Reports 2002; 50(15):1-20.
 †Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. JAMA. 2004;291 (10): 1238-1246.

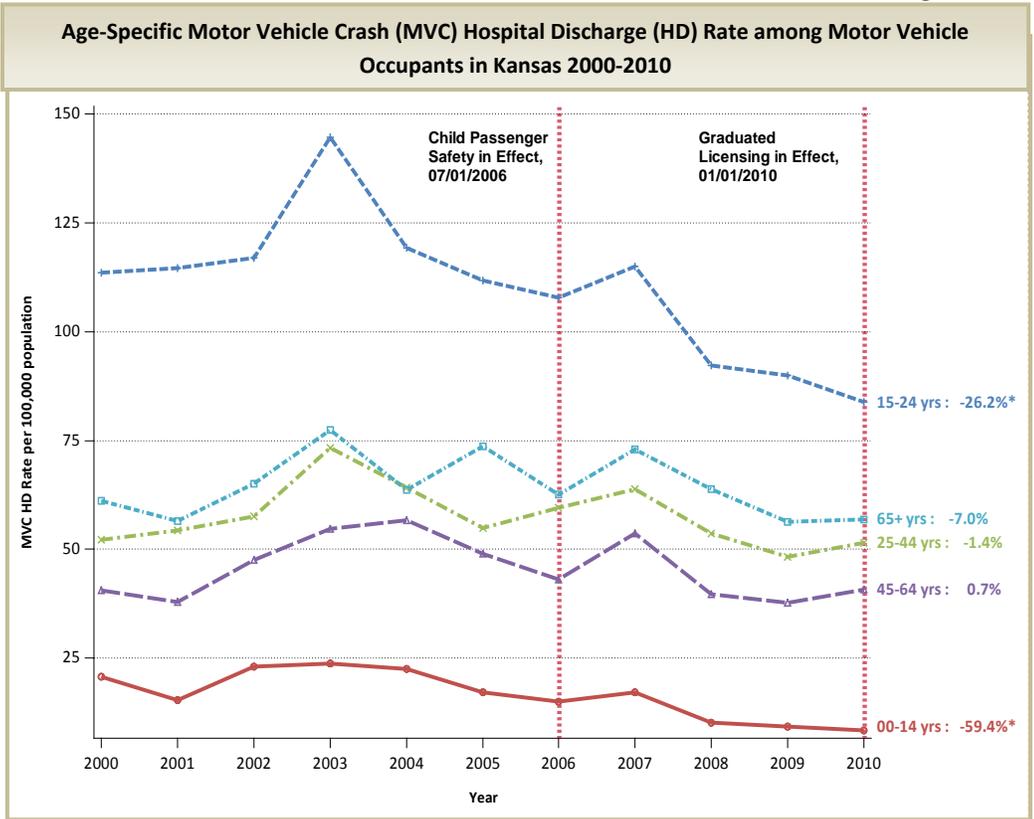
Injuries have the second highest medical costs of all preventable health issues. Unintentional injury is the leading cause of death for children, adolescents and young adults in Kansas (Figure 5). While individuals must take responsibility for taking steps to stay safe and protect themselves and their families from injuries, research has shown that environmental change strategies and educational activities can play a major role in helping keep Kansans healthy and safe. The PHHS Block grant SFY2014 work plan proposes continued investment in activities to address unintentional injury with a primary focus on children ages 0-14. In the 2000's Kansas lawmakers and safety advocates worked together to craft legislation to protect child passengers and young drivers. The two major laws passed

Figure 5



Source: 2010 Kansas Annual Summary of Vital Statistics, KDHE.

Figure 6



were the Child Passenger Safety Act, which went into effect in July 2006, and Graduated Drivers Licensing, which went into effect in January 2010 (Figure 6). These legislative efforts, improvements to vehicle safety by manufacturers, and improvements to roadway safety by Kansas Department of Transportation (KDOT) may have also contributed to noticeable changes in health measures over the past decade.

Public health departments in Kansas have the unique role and responsibility for improving health in schools, workplaces and neighborhoods, through identifying the top health problems and developing strategies for improvement. In doing this work, public health departments face a number of growing challenges and opportunities, including:

- Changes in the overall health system that emphasize cost containment and improved health, and expansion of the number of individuals with insurance coverage for direct preventive services
- Budget and workforce adjustments at all levels of government
- A growing focus on accountability, with higher expectations for demonstrating a return on investment in terms of cost and health improvement. This includes a movement toward accreditation to ensure that all health departments meet and can demonstrate a standardized set of core capabilities
- Adoption of new technologies, including electronic health records, which could allow public health to integrate and analyze data with the health system and other sectors to better identify health patterns, causes and cures for health problems, and “hot spot” areas with high rates of chronic diseases and costs.

The PHHS Block grant SFY2014 work plan will invest in activities to support the public health system in Kansas.



Work Plan Details

Investment Area: Chronic Disease

Healthy People 2020 Objective(s): NWS-9-10 Adult & Adolescent Obesity

PA-5 Physical Activity-Adolescents

C-1 Overall Cancer Deaths

Healthy Kansans 2020 Focus: HL1, HL2, HC1, HC2, HC3, AS1

Healthy Living (HL)	Healthy Communities (HC)	Access to Services (AS)
HL1. Promote physical activity	HC1. Promote access to healthy foods, and support policies that promote healthy food choices	AS1. Improve access to services that address the root causes to poor health
HL2. Promote healthy eating	HC2. Support policies that make the default choice the healthy choice	AS2. Effectively and efficiently use population health management through health information technology (HIT)
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HL4. Promote tobacco use prevention and control		
HL5. Improve supports for the social and emotional development of children and families		

Source: Healthy Kansans 2020

State Measure(s)

Between 07/2011 and 06/2020, increase to at least 67% the proportion of Kansans aged 18 and older who engage in moderate physical activity for at least 30 minutes per day 5 or more days per week or vigorous physical activity for at least 20 minutes per day 3 or more days per week. (Baseline 51.5%, 2009 KS BRFSS)

Between 07/2011 and 06/2020, increase to at least 20% the proportion of Kansans aged 18 and older who consume more than five servings of fruits and vegetables daily. (Baseline 18.6%, 2009 BRFSS)

Between 07/2011 and 06/2020, reduce to at least 27% the proportion of Kansans aged 18 and older who are obese. (Baseline 30.1%, 2010 BRFSS)

Between 07/2011 and 06/2020, reduce the proportion of children and adolescents in Kansas who are overweight or obese to 9%. (Baseline 12.7% of students in grades 6-8 were obese and 19.1% were overweight, 2009/10 KS YTS). (Baseline 10.9% of Kansas high school students in grades 9-12 were obese and 17.2% were overweight 2009/10 KS YTS).

Between 07/2011 and 06/2020, increase the percentage of Kansas adolescents that are physically active for a total of 60 minutes or more per day on five or more of the previous seven days to 35%. (Baseline 30.2%, 2010/11 KS YRBS)

Between 07/2011 and 06/2020, reduce the overall cancer death rate to 164.2 deaths per 100,000 population. (Baseline 172.9/100,000, 2009 Kansas Vital Statistics, KDHE)

Proposed Chronic Disease Prevention and Control Activities

- Provide technical assistance to Kansas communities working to develop community coalitions to plan and coordinate local programs to impact physical activity and healthy eating.
- Develop and host webinars related to community health assessment, including ongoing technical assistance for communities working to implement community assessment instruments.
- Develop an online resource manual for communities who have conducted community-wide walkability audits, nutritional environment audits, bikability audits, etc.
- Assist communities develop evaluation reports to track accomplishments, challenges and opportunities related to physical activity and nutrition programming.
- Provide assistance to communities related to construction and promotion of walking trails.
- Increase the number of worksites, schools, community organizations and health care providers focused on improving physical activity and nutrition.
- Assist communities develop physical activity and healthy eating messages.
- Provide technical assistance to state and local organizations to expand access to fresh fruits and vegetables through community gardens and farmer's markets.
- Expand state and local partnerships to promote physical activity and healthy eating through the Governor's Council on Fitness, Workwell Kansas, and the Annual Built Environment and Outdoors Summit
- Partner with physicians across the state to promote the benefits of healthy eating and physical activity and the role each plays in preventing colorectal cancer.
- Work with community partners and health care providers to promote local Farmer's Market initiatives to older adults and cancer survivors.
- Design data extraction process for transmission of required data and reimbursement claims from providers participating in the Early Detection Works Breast and Cervical Cancer Screening Program.

Investment Area: Unintentional Injury

Healthy People 2020 Objective: IVP-11 Unintentional injury deaths

Healthy Kansans 2020 Focus: HL5, HC2, AS1, AS2

Healthy Living (HL)	Healthy Communities (HC)	Access to Services (AS)
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HL4. Promote tobacco use prevention and control		
HL5. Improve supports for the social and emotional development of children and families		

Source: Healthy Kansans 2020

State Measure(s)

Between 06/2011 and 07/2020, reduce the rate of deaths due to unintentional injury to no more than 36.0 per 100,000 population. (Baseline 45.0 unintentional injury deaths per 100,000 population in 2011 (age-adjusted rate in overall population, 2011 Kansas Vital Statistics, KDHE)

Between 06/2011 and 07/2020, reduce the rate of deaths due to unintentional injury of persons aged 0-14 to no more than 9.5 per 100,000 population. (Baseline 9.9 unintentional injury deaths per 100,000 population in 2011 among 0-14 years old, 2011 Kansas Vital Statistics, KDHE)

Proposed Unintentional Injury Prevention Activities

- Raise awareness of injury as a public health concern through press releases on topics related to unintentional injury prevention for children and monthly web page and Facebook® stories/articles on a variety of injury topics.
- Provide funds to local communities to implement unintentional injury prevention programming.

- Maintain the network of Safe Kids Kansas member organizations and provide regular and timely professional development opportunities for organization volunteers and technical assistance including support for program evaluation.
- Facilitate and provide follow-up support for Safe Kids Kansas Board meetings.
- Establish new partnerships and maintain the vast network of Safe Kids current stakeholders, including continued work with KDOT’s Bureau of Traffic Safety in Walk Your Child to School Day, the Governor’s Council on Fitness and Kansas Kids Fitness & Safety Day.

Investment Area: Public Health System

Healthy People 2020 Objective: PHI-14 Performance standards

Healthy Kansans 2020 Focus: AS3

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HL4. Promote tobacco use prevention and control		
HL5. Improve supports for the social and emotional development of children and families		

Source: Healthy Kansans 2020

State Measure(s)

Between 07/2011 and 06/2020, the capacity to perform essential public health services, as measured by increased ability to meet the national public health performance standards and preparation for application for voluntary accreditation, will improve in local public health agencies serving 75% of the state population and in the state health department. (Work continues to develop appropriate baseline, potential source is the National Public Health Performance Standards/Public Health Accreditation Board Standards)

Proposed Public Health System Activities

- Develop, share, implement and track training plans incorporating public health competencies (Council on Linkages), PHAB Standards and Measures and Essential Public Health Services.
- Collaborate with other agencies, academic partners and other members of the Kansas Public Health Workforce Coordinating Council to develop, integrate and implement a long-range strategy for meeting the workforce development needs of the public health workforce with emphasis on meeting diverse needs using multiple delivery systems.
- Develop and deliver content to further knowledge and understanding related to Core Public Health Functions, Essential Services, and PHAB Standards and Measures to entry-level and advancing public health professionals and governing bodies.
- Engage new partners in the KS-TRAIN Learning Management System and support providers and content experts in developing diverse topic areas into competency-based online education through instructional design training.
- Collaborate with the University of Kansas School of Medicine Department of Preventive Medicine and Public Health, the KUMC Area Health Education Center (AHEC) and the Kansas Association of Local Health Departments (KALHD) in recruiting, providing, hosting and archiving the weekly Kansas Public Health Grand Rounds series via web conferencing.
- Promote quality improvement and progress toward achievement of accreditation readiness for the Kansas public health system through participation in the KHI/Kansas Health Foundation CHA Technical Assistance project, the collaborative Rural Health CHA mini-grant project and other work currently underway.
- Partner with Kansas schools of nursing to raise awareness of the needs of the public health nursing workforce, advise on curriculum which will meet public health competencies, promote advancement in degree achievement and support local health departments in providing quality practicum experiences for nursing students.
- Partner to provide and track competency-based public health education and training via KS-TRAIN.
- Collaborate with state and local partners for accreditation preparation through continued identification of needs and acquisition of resources.
- Maintain regular communications with local public health agencies and other public health partners through multiple methods.
- Convene statewide meetings, webinars or discussion sessions in conjunction with other events for public health partners to explore current initiatives and opportunities to link public health and primary care service delivery.
- Promote awareness and attainment of public health accreditation standards and quality improvement concepts by incorporating content in technical assistance visits, regional public health meetings, etc.

- Collaborate in quality improvement and performance management activities across all programs and bureaus within KDHE.
- Collaborate in and promote quality improvement and performance management activities for all 100 local health departments.

Investment Area: Sexual Violence Prevention Education (SVPE)

Healthy People 2020 Objective: IVP-40 Sexual Violence

Healthy Kansans 2020 Focus: HL5

Healthy Living (HL)	Healthy Communities (HC)	Access to Services (AS)
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HL4. Promote tobacco use prevention and control		
HL5. Improve supports for the social and emotional development of children and families		

Source: Healthy Kansans 2020

State Measure(s)

Between 07/2011 and 06/2020, reduce the annual rate of rape or attempted rape of female persons aged 10 and older to less than .55 per 1,000 population. (Baseline: .68 per 1,000 for females 10 and older, 2010 Report on Domestic Violence and Rape Statistics in Kansas: As Reported by Law Enforcement Agencies)

Between 07/2011 and 06/2020, reduce the annual rate of rape or attempted rape to less than .55 per 1,000 population. (Baseline: .33 per 1,000 population*, 2010 Report on Domestic Violence and Rape Statistics in Kansas: As Reported by Law Enforcement Agencies)

*Calculations conducted on incomplete data set. Not all rape or attempted rape data collected in Kansas is age and gender specific.*Rate of rape or attempted rape for entire Kansas population, not age nor gender specific. All population data obtained through KDHE, Kansas Information for Communities (KIC)

Proposed Public Health System Activities

- Provide comprehensive sexual violence primary prevention and education to at least 2,500 students from across the state.
- Provide funding to community agencies and/or schools to support sexual violence primary prevention and education programs that are evidence-based and address various levels of the social ecological model.
- Support SVPE Programs gather evaluation data and develop reports regarding SVPE funded activities.
- Develop and implement trainings for educators and prevention specialists to increase their capacity to help children increase their social and emotional development.
- Expand state partnerships with other state agencies and stakeholders through projects like the Safe, Healthy and Prepared Schools Conference.
- Partner with Region VII (Nebraska, Iowa and Missouri) and Region VIII (Colorado, Utah, Wyoming, North Dakota, South Dakota, Montana) to collaborate, plan and present a regional workshop or webinar to local community prevention specialists that will increase their capacity to implement programming to address sexual violence prevention.