



Impacting Population Health 2014: *Connecting Local Health Priorities with Healthy Kansans 2020*

South Central Regional Meeting Summary Hutchinson, Kansas

I. Attendance Summary

Key stakeholders from across the state were invited to participate in a series of regional public health meetings to discuss connecting local community health assessments and improvement plans with Healthy Kansans 2020 (HK 2020), the state health assessment and improvement plan. Attendance from a cross-section of community agencies and organizations with involvement in leading/participating in community health assessment and improvement planning efforts was highly encouraged. The attendance summary from the South Central Regional Meeting held in Hutchinson, Kansas, on May 7 is provided below.

38 attendees

- Local Health Departments: Barber, Barton, Butler, Edwards, Harper, Harvey, Marion, Pawnee, Reno, Saline, Sedgwick
- Central Kansas Foundation
- City of Wichita
- Kansas Association for the Medically Underserved
- Kansas Dept of Health and Environment
- Kansas Health Foundation
- Kansas Health Institute
- Medicine Lodge Memorial Hospital and Physicians Clinic
- Mennonite Friendship Manor
- Midwest Dairy Council
- Pratt Regional Medical Center
- United Way of Reno County
- University of Kansas-Wichita
- USD 266
- Wichita State University

II. Local Objectives/Strategies

Meeting attendees were asked to identify and briefly describe at least one local objective/strategy that their community is currently working to develop and/or implement. For each objective/strategy attendees were asked to complete a series of questions, answers are summarized below. Attendees at the South Central Regional Meeting shared a total of 53 objectives/strategies.

| Does this local Objective/Strategy align with a HK2020 Strategy? | |
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| <i>HK2020 Priority Strategies</i> | |
| Healthy Living-1 | 15 |
| Healthy Living-2 | 4 |
| Healthy Communities-1 | 10 |
| Access to Services-1 | 7 |
| Access to Services-2 | 9 |

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| <i>HK2020 Other Strategies</i> | |
| Healthy Living-3 | 2 |
| Healthy Living-4 | 2 |
| Healthy Communities-2 | 5 |
| Healthy Communities-3 | 1 |
| Access to Services-3 | 2 |
| Does not fit in any of the identified statewide strategies | 3 |
| Is this Objective/Strategy identified in CHA/CHIP? | |
| We have not completed a CHA/CHIP | 5 |
| Yes, it was identified in the CHA/CHIP | 16 |
| This need was identified in another process | 19 |
| No. CHA completed, but this strategy was not identified as a priority | 7 |
| Work on this Objective/Strategy is: | |
| In planning stages of development | 16 |
| In the first 0-6 months of implementation | 9 |
| >6 months of implementation | 25 |

III. Round Table/Report Out Discussion

Attendees participated in a series of round table exercises to discuss the successes (What is working?) and challenges (What barriers have you encountered?) to addressing each of the shared objectives/strategies. A summary of the round table discussions is provided below. (Numbers show the frequency that an item was mentioned; no number indicates the item was mentioned once.)

| What is working? | |
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| Collaboration (7) | System gets data to subscribers very efficiently |
| Community support/buy-in (5) | No idling policies |
| Incentives (3) | Youth leadership of tobacco free initiative |
| Worksite wellness (3) | Prescription assistance program has helped numerous people |
| Identification of issue/gaps (2) | Voucher system with bus route for healthcare needs |
| Business adopting wellness/healthy policies (2) | Programs promoting healthy families and communities |
| Recognition (WorkWell, smoke-free housing) (2) | Educate/encourage no smoking at all prenatal visits |
| Community gardens (2) | Policy changes at individual schools |
| Walking trail (2) | Local ability to do coliform and nitrate testing |
| Writing grants/Funding | Having veteran health call services in rural areas |
| Community awareness/education (3) | Increased number of vaccine clinics annually |
| Desire for change (2) | Association with NaCo program |
| Motivated volunteers (2) | Transportation projects |
| Having a project coordinator | Materials promoting local safety net clinics |
| Single stream recycling (2) | Lead poisoned children are identified through testing and test reporting |
| Communication/willingness to share info (2) | All partners on same target of increasing quality care for county residents. |
| Increase amount of apartments going smoke free (2) | Group presentations at food handler classes increases program reach |
| Non-regulatory consultations and assessments through environmental health | Set criteria for distributing transportation vouchers for medical services |
| Harvey County Medical Society growing | Increased recycling |
| Wellness committee committed to success/actively | Disease investigations using KHIN improve efficiency |

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| participating in identifying and procuring property | compared to traditional method of faxing/calling providers |
| Program increasing breakfast participation which has a positive effect on health/learning | Fuel up to Play 60 is changing school environment for the better and complementing other wellness efforts |
| Compliments other efforts | Increasing volume of milk to food bank clients |
| Marketing tools | Number of complexes and diversity of participants |
| Pilot project first | Clean Air car clinics |
| Sharing of info with KDHE Oral Health Bureau | Ministerial League |

| What barriers are you encountering in getting started or making progress? | |
|---|--|
| Funding/cost (11) | Getting stakeholders to see need for comprehensive prenatal education program |
| Buy-in (11) | Fundraisers |
| Time (5) | No political support |
| Lack of awareness (5) | Healthy Homes is waiting for funding and only work with families who meet income guidelines |
| Lack of participation (4) | Volunteers |
| Resources (3) | Difficulty obtaining connection to KHIE because of lack of commissioner support |
| Finding a leader/champion (2) | Getting providers at the table |
| Healthy fundraisers in schools (2) | Collaboration |
| Pushback from tobacco users (2) | Conflict between EMR contractor and security concerns |
| Push back from tobacco free school ground policy (2) | Convincing a grocery store to move into the area |
| Access to target audience (2) | Lack of consistency in paperwork |
| Change (2) | Monitoring measures-clinics track things differently |
| Push back from teachers on in-school wellness program (2) | ACA mandate |
| Lack of dentists/providers willing to practice in rural areas (2) | Negative political connotations associated with climate change |
| No agreement/discussions on overlapping services and how to deliver those services (2) | Withdrawal of federal funding led to collapse of state program. With no local funding, elevated blood lead level investigations are no longer available in many counties |
| Resistance from developers/not wanting to follow complete streets policy (2) | Not adequately considering the occupant in occupancy regulations. |
| Lack of access to KDHE lab | Resistance from landlords on smoke free housing units |
| SOP Law for dentists | Recycling costs the city financially even with volunteer help. |
| Cutting positions | Partnering with schools |
| Locating free land | Participant fear of revenue loss |
| Lack of housing standards in many jurisdictions | Lack of dairy products donated to food banks |
| Not all facilities in all areas are submitting data to KHIN so LHD access is not useful yet | Policy implementation at the school district level |
| Insurance coverage | |

IV. Local Issues Not Addressed by HK2020

Attendees were asked to identify public health issues not included in the state plan which are of interest at the local level. A summary of issues is provided below.

| Which areas are not being addressed? | |
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| “Become a Mom” – prenatal education | Create directory to increase communication between providers |
| Provide adolescent vaccinations | Reduce price of sports physicals |
| Implementing Kansans Optimizing Health Program in | Vaccination clinic partnerships with schools |

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| worksite wellness program (CDRR) | |
| Study regarding lack of oral health services and how needs are being met | “Stepping On” program (fall prevention) |
| Breastfeeding | Oral health – have medical insurance but not dental |
| Limited access to behavioral health | Health disparities |
| Classes for diabetes self-management now free/6 month | Oil boom versus drought – quality of untested H ₂ O supply |