



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

Kansas City Metro Regional Meeting Summary Olathe, 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 Regional Meeting held in Olathe, Kansas, on June 12 is provided below.

32 attendees

- Local Health Departments: Johnson, Lawrence-Douglas, Leavenworth, Wyandotte
- Children’s Mercy Hospitals and Clinics
- Health Partnership Clinic
- Healthcare Management and Consulting Services, Inc.
- Kansas Dept of Health and Environment
- Kansas State University
- K-State Research and Extension
- Mother and Child Health Coalition
- Olathe Medical Center
- Olathe Medical Services, Inc.
- REACH Healthcare Foundation
- Shawnee Mission Medical Center
- Turner House Children’s Clinic
- United Healthcare
- University of Kansas
- University of Kansas Hospital
- University of Kansas Medical Center
- VVV Research and Development

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 48 objectives/strategies.

| Does this local Objective/Strategy align with a HK2020 Strategy? | |
|--|----|
| <i>HK2020 Priority Strategies</i> | |
| Healthy Living-1 | 12 |
| Healthy Living-2 | 5 |
| Healthy Communities-1 | 11 |
| Access to Services-1 | 7 |

| | |
|---|----|
| Access to Services-2 | 15 |
| HK2020 Other Strategies | |
| Healthy Living-3 | 1 |
| Healthy Living-4 | 0 |
| Healthy Communities-2 | 1 |
| Healthy Communities-3 | 1 |
| Access to Services-3 | 5 |
| Does not fit in any of the identified statewide strategies | 1 |
| Is this Objective/Strategy identified in CHA/CHIP? | |
| We have not completed a CHA/CHIP | 8 |
| Yes, it was identified in the CHA/CHIP | 25 |
| This need was identified in another process | 13 |
| No. CHA completed, but this strategy was not identified as a priority | 5 |
| Work on this Objective/Strategy is: | |
| In planning stages of development | 13 |
| In the first 0-6 months of implementation | 15 |
| >6 months of implementation | 19 |

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? | |
|--|---|
| Community support (7) | Improved health outcomes |
| Collaboration (4) | ER utilizations reduced for asthma patients |
| Staff/Leadership buy-in (4) | STD screenings in high school |
| Public awareness (2) | Training programs to train staff on smoking cessation in Kansas FQHCs |
| Data acquisition/collection (3) | Approximately 25% of patients are quitting tobacco |
| 12345 Fit-Tastic screening questions along with BMI vitals entered into medical records (2) | Baseline assessment |
| Partnerships with other state agencies | Structure at the state level |
| Policy development and acceptance at city/county level | Prior funding |
| One point of contact leading efforts | Improved interest among government leadership. |
| Physician support | More WIC mothers are becoming involved |
| Train the trainers in churches | Policy changes |
| Reducing readmissions through wellness program referrals from physicians | Tie into insurance reimbursement |
| PCMH team dedicated to implementation | 3 staff are Healthy Homes certified and able to offer TA |
| SCORE campaign | Menu labeling |
| “Green Business” awards that recognize organizations that have implemented recycling efforts | Business assessments of opportunities |
| Shared resources/best practices | Research |
| Consultant work | Support from Live Well - Healthy Built Environment Workgroup in writing sidewalk proposal |
| BHC on site to coordinate care with medical providers | Technology exists |
| Meetings set up with pilot rural critical access providers to implement program | Addressing behavioral risk factors in dental setting |

| | |
|--|--|
| Diabetes registry | Exceeding state/national norms in well-child physicals and immunizations for 2 year olds and adolescents |
| Initial match funding to rebuild YMCA | Analytic tools |
| Working with health partnership to get all students in Johnson County to have yearly dental evaluation | Olathe Police Dept “co-responder” program |
| Educating seniors to improve health literacy | Dental health fluoride varnish in clinic waiting rooms |
| Live Well Coalition is creating working relationships; working jointly on planning grant | Recognized as NCQA level 3 PCMH in 2012 |
| Interest in nicotine replacement | Momentum around biking/walking infrastructure |
| Added dental hygiene and behavioral health services | |

| What barriers are you encountering in getting started or making progress? | |
|--|---|
| Funding/cost (11) | Logistics |
| Time (7) | Lack of alignment with Medicaid managed care |
| Lack of community support (4) | Health literacy |
| Outreach and marketing/awareness (4) | Partnering with schools |
| Staffing/volunteers (3) | Resources |
| Leadership (2) | Lack of clear understanding about cessation product cost |
| Policy (2) | No meds available for uninsured |
| Participation (2) | Lack of consensus on core strategies |
| Momentum (2) | Lack of enthusiasm/recognition of need possibly because of adoption of Clean Indoor Air Ordinance |
| Data acquisition (2) | Resistance to using nicotine replacement by physicians |
| Poverty as a driver of limited access to healthy foods (2) | Economic barriers |
| Reimbursement (2) | Meeting schedules |
| Limited resources/lack of interest in tobacco Quitline (2) | Duplicate data entry |
| Politics (2) | City ordinances related to trash disposal screening requirements for commercial properties |
| Identification of high utilizers (2) | Approval from higher ups |
| Women not accessing prenatal care | Funding for consultants |
| Long lasting partnerships with health care entities to form data exchange partnerships | School administrator buy-in |
| Lack of education | Getting more dentists in public health mindset |
| Referral process | Consensus on “nutrition standards” difficult across broad array of stakeholders |
| Recruitment | How to broaden effort community-wide |
| Reaching minorities and at-risk populations | Linking a “Safe Routes to School” plan to other walking/biking plans and initiatives |

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? | |
|--|--|
| Consumer Voice | Business voice |
| Determination of source of resource and definition of need | Emergency preparedness |
| Recognize specify population needs e.g. refugees | Return on investment/return on objectives/cost-benefit |
| Assure multi-sector approaches | Co-location of services – e.g. at schools for students, at churches, non-traditional integration |
| Specifically service for seniors; Care/services in homes | Identifying measurable outcomes – uniform metrics for comparisons |