



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

Northeast Regional Meeting Summary
 Topeka, 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 Northeast Regional Meeting held in Topeka, Kansas, on June 10 is provided below.

44 attendees

- Local Health Departments: Coffey, Jefferson, Shawnee, Wabaunsee
- Blue Cross and Blue Shield of Kansas
- Community Health Ministry
- Fort Riley Dept of Public Health
- Fort Riley Medical Activity
- Health and Human Services
- Health Reform Resource Project
- Kansas Association for the Medically Underserved
- Kansas Commission on Disability Concerns
- Kansas Department of Health & Environment
- Kansas Foundation for Medical Care
- Kansas Health Institute
- Kansas Healthcare Collaborative
- Kansas Hospital Association
- Kickapoo Tribe
- K-State Research and Extension
- Prairie Band Potawatomi Health Center
- Pratt Regional Medical Center
- Shawnee County Medical Society
- SOCO Consulting
- Southwestern College
- Stormont-Vail HealthCare
- Tobacco Free Kansas Coalition
- University of KS Medical Center
- USD 345
- Wamego Health Center

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 Northeast Regional Meeting shared a total of 67 objectives/strategies.

Does this local Objective/Strategy align with a HK2020 Strategy?	
<i>HK2020 Priority Strategies</i>	
Healthy Living-1	15

Healthy Living-2	8
Healthy Communities-1	11
Access to Services-1	18
Access to Services-2	21
<i>HK2020 Other Strategies</i>	
Healthy Living-3	5
Healthy Living-4	1
Healthy Communities-2	6
Healthy Communities-3	1
Access to Services-3	6
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	11
Yes, it was identified in the CHA/CHIP	24
This need was identified in another process	16
No. CHA completed, but this strategy was not identified as a priority	5
Work on this Objective/Strategy is:	
In planning stages of development	22
In the first 0-6 months of implementation	14
>6 months of implementation	30

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?	
Buy-in/engaged partners (9)	Evidence-based programs
Collaboration (8)	Tobacco-free college campuses
Grant funding (2)	Walking trails
Regular meetings with community partners (2)	Community garden expanded
Willingness of coalition members to move goals forward	Coordination with state statute
Collecting data relevant to needs of KDHE databases	Local control of planning
Growing knowledge of the model/provider among policymakers	Modeling after already successful Geary County model
Significant enrollment	KCMO's policy statewide increase interest and work by local coalitions
Communication	Policymakers using transit HIA that Wichita conducted
Referral coordination	Unique model
Interaction with providers	Participants are losing weight
Wait time for Emergency Department has dropped	More curbside recycling services added
Enrollment in Insurance Marketplace	Funding CTG Chronic Disease/WPPA
Patient engagement	Strong desire to integrate services at the health department
Increased awareness	Interdisciplinary discussion
More awareness of foods offered at worksite	ECKAN cooperating w/local greenhouse for garden voucher
Stakeholders share common vision to increase access to services	Physician interest in EHRs/PCMH

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Sharing resources	Budget
Dental hygiene education	Training/planning
Tool for reporting analytics developed	Kansas Hospital Engagement Network
Success of tobacco-free hospitals	Looking at numerous models
National campaign to promote healthy school nurses	Engaged discussions in various local areas
Increase in revenue from recycling	Million Hearts
Many newly insured	Shared staffing model to support Health Homes
Adoption of FitnessGram is increasing	Kansas-specific data supported by scientific literature

What barriers are you encountering in getting started or making progress?	
Funding (16)	Concerns about buy-in from elected officials
Time (9)	Providers ability to travel referrals in EMR
Community buy-in (7)	Reaching out to less engaged/smaller/rural employers
Cost (7)	Availability/access to workshops for KOHP
Behavior change (5)	Access
Staffing (4)	Distrust
Volunteer time (3)	Billing needs to be addressed
Education/lack of knowledge (2)	Finding appropriate facilities/location
Sustainability (2)	Need specific data criteria that is consistent with State of KS environmental database
Technology limitations (2)	Lack of legal knowledge
Getting partners at table (2)	Tracking outcomes
Rural nature of state (2)	Food
Misinformation (2)	Promotion of website
Provider engagement (2)	Narrowly defined participation
Staff training (2)	Time management
Politics (2)	Complaints about cost of recycling, required for customers
Collaboration (2)	Student engagement
Communication	Breaking down silos
Providing healthy options at meetings/conferences/worksite, etc.	Prioritizing which/when EMR platform will be purchase/implemented
Getting started	Not utilizing resources of local trainers
Recognition of Medicaid/KanCare to recognize PCMH	Limited recognition of PCMH by commercial insurance
Affiliation with church has inhibited ability to quickly collaborate and raise money	Finding affordable, evidence-based strategies for all 17 counties
Availability of healthy options in the hospital 24/7	Independent organizations attempting to work together in a non-structured environment
New models of care and reimbursement	EMR accessibility
Maintaining community engagement	Depth and breadth of smoking cessation support programs for tobacco users
Confusion in provider community about Medicaid Health Home, PCMH, etc	Integration of behavioral health and primary care is challenging for medical providers to comprehend.
Staff motivation	Financial investment to shift delivery system model
Identifying/defining health systems	Insurance is a complex product
Community capacity/funding to conduct HIA	Expanding reach

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?	
Underage drinking	Parenting/social modeling – root causes for behaviors
Ensure adequate provider network	Immunization rates – Integrated delivery models
infant mortality outcomes	