

**Kansas FY 2020  
Preventive Health and Health Services  
Block Grant**

**Work Plan**

**Original Work Plan for Fiscal Year 2020**

**Submitted by: Kansas**

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**State Health Officer: Dr. Lee Norman**

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## Executive Summary

### 2020 Work Plan

This work plan is for the Preventive Health and Health Services Block Grant (PHHSBG) for Federal Year 2020. It is submitted by the Kansas Department of Health and Environment (KDHE) as the designated state agency for allocation and administration of PHHSBG funds. On February 27, 2020, the Kansas PHHSBG Advisory Committee reviewed and recommended programs for funding, contingent upon the receipt of funding for FY2020. On March 20, 2020, the Public Hearing was convened. The advisory committee gave approval for investment in the health objectives detailed below on February 27, 2020.

#### Funding Assumptions:

The total award for the FY2020 is \$1,436,250. The FY2019 award for Kansas was \$1,419,193. Funding to support FY2020 Sexual Assault-Rape Crisis (HO IPV40) activities has been included: \$63,793 of this total is a mandatory allocation to the KDHE which provides this funding to 1 local community that provides services to victims and guides community level prevention programming.

#### FY2020 Funding Priorities:

**Obesity in Adults-HO-NWS-9** - The state health improvement plan outlines specific goals, objectives and strategies to promote physical activity and healthy eating. Additional strategies support healthy communities through the adoption of evidence-based approaches related to community design. In FY2020, the majority of block grant dollars invested in HO-NWS-9 will support local grantees, with funding and technical assistance projected to reach a minimum of 12 communities and partners working to coordinate programs to impact physical activity and access to healthy foods. Block grant supported activities and trainings will focus on evidence-based strategies and promising practices to increase access to fruits and vegetables through activities that impact the local food system and increase access to physical activity opportunities. Strategies are aligned with priorities outlined in the State Health Improvement Plan.

**Obesity in Children and Adolescents-HO-NWS-10** The block grant will provide funds to promote physical activity and healthy eating among children and adolescents through engagement of the School Nurse Advisory Council (SNAC), Chronic Disease Risk Reduction (CDRR) grantees, Governor's Council on Fitness (GCOF) and the Kansas State Department of Education (KSDE). In addition, staff will conduct activities to support breastfeeding through resources and policy

**Cancer Deaths-HO-C-1** Block grant funds will be invested in the collection, analysis and dissemination of data on palliative care and advanced directives through Behavioral Risk Factor Surveillance Survey (BRFSS). The Cancer program will increase availability of evidence-based activities to improve quality of life of cancer survivors.

**Public Health System Assessment-HO-PHI-14** - Funded activities will include support for the state's performance management and aid to local online system (through an internal system), coordination of agency public health accreditation activities, dissemination and technical assistance related to the state and local public health workforce assessment, and ongoing support for training development/enhancement through KS-TRAIN to sustain a highly trained and competent public health workforce. Local Public Health will also coordinate the Kansas Governor's Public Health Conference and host regional public health meetings.

**Adolescent Tobacco Use - TU-2** - Block grant funds in FY2020 will be invested for widespread implementation of tobacco prevention strategies that seek to prevent initiation of any tobacco products, including e-cigarettes, among youth and young adults and eliminate exposure to second-hand smoke including e-cigarette nicotine vapors. Funds will be used to establish Resist chapters at the school level, train youth on Taking Down Tobacco curriculum and increase policies that restrict youth access to tobacco products. Funding will also be invested in the development of tobacco-free policies in

communities and schools. The Tobacco Use Prevention Program (TUPP) staff will develop and distribute cessation education materials and tobacco-free signage.

**Unintentional Injury Among Older Adults - Deaths from Falls – HO IVP-** Block grant funds in FY2019 will be used to train Stepping On Leaders, provide aid-to-local funding to trained leaders to implement Stepping On workshops in communities, and evaluate program activity.

**Unintentional Injury Prevention among Youth – Unintentional Injury Deaths-HO-IVP-11-** Block grant funds will be invested to support key efforts of the Safe Kids Kansas organization. Safe Kids Kansas is a coalition network of statewide and regional partners dedicated to preventing childhood injury. Safe Kids Kansas will work with partners to increase awareness and education regarding unintentional injury as a public health issue through traditional and social media outreach and hosting Safe Kids Day at the Zoo. Staff will provide technical assistance to local coalitions to implement programs in their communities. Block grant funds will provide injury prevention mini-grants and materials grants to communities who are working to increase bicycle helmet use. Safe Kids staff will host bi-monthly technical support calls for local Safe Kids coalitions and expand state and local partnerships to address injury prevention.

Administrative costs associated with the Kansas PHHSBG award total is \$100,537. This represents 7% of the total grant award.

The grant application is prepared under federal guidelines, which require that states use funds for activities directed toward the achievement of the National Health Promotion and Disease Prevention Objectives in Healthy People 2020.

**Funding Priority:** State Plan (2020), Under or Unfunded, Data Trend, Other (Other includes public health infrastructure with a strong focus on workforce development and the re-accreditation process.)

## Statutory Information

### **Advisory Committee Member Representation:**

Advisory Members have not been entered for this workplan.

**Dates:**

**Public Hearing Date(s):**

**Advisory Committee Date(s):**

**Current Forms signed and attached to work plan:**

Certifications: No

Certifications and Assurances: No

<b>Budget Detail for KS 2020 V0 R0</b>	
<b>Total Award (1+6)</b>	\$1,436,250
<b>A. Current Year Annual Basic</b>	
1. Annual Basic Amount	\$1,372,457
2. Annual Basic Admin Cost	(100,537)
3. Direct Assistance	
4. Transfer Amount	\$0
(5). Sub-Total Annual Basic	\$1,372,457
<b>B. Current Year Sex Offense Dollars (HO 15-35)</b>	
6. Mandated Sex Offense Set Aside	\$63,793
7. Sex Offense Admin Cost	\$0
(8.) Sub-Total Sex Offense Set Aside	\$63,793
<b>(9.) Total Current Year Available Amount (5+8)</b>	<b>\$1,436,250</b>
<b>C. Prior Year Dollars</b>	
10. Annual Basic	\$1,355,400
11. Sex Offense Set Aside (HO 15-35)	\$63,793
(12.) Total Prior Year	\$1,419,193
<b>13. Total Available for Allocation (5+8+12)</b>	<b>\$2,855,443</b>

<b>Summary of Funds Available for Allocation</b>	
<b>A. PHHSBG \$'s Current Year:</b>	
Annual Basic	\$1,372,457
Sex Offense Set Aside	\$63,793
Available Current Year PHHSBG Dollars	\$1,436,250
<b>B. PHHSBG \$'s Prior Year:</b>	
Annual Basic	\$1,355,400
Sex Offense Set Aside	\$63,793
Available Prior Year PHHSBG Dollars	\$1,419,193
<b>C. Total Funds Available for Allocation</b>	<b>\$</b>

**State Program Title: Adult Obesity**

**State Program Strategy:**

KDHE is committed to reducing the primary risk factors for chronic disease in Kansas. Work supported through the block grant to impact adult obesity will primarily focus on two key risk factors; lack of opportunities for physical activity and limited or no access to healthy foods. This work will be coordinated by KDHE's Bureau of Health Promotion and facilitated through a collaborative approach to planning that provides leadership, leverages support for the development of coordinated prevention strategies to reduce the burden of these behaviors in those populations at highest risk, and maximizes resources through the avoidance of duplication of services and replication of successful population-based culturally appropriate interventions.

Within the Bureau of Health Promotion, the Community Health Promotion section works with state and local partners to conduct statewide planning, targeted interventions and environmental changes that support a healthy lifestyle. A major aspect of the work to address adult obesity is coordinated through the section's Chronic Disease Risk Reduction Grants Program (CDRR). Through the CDRR staff provides technical assistance to local communities to facilitate a comprehensive, systematic community-based approach to support mobilization of community coalitions to effect and sustain long-term change in health risk behaviors using a variety of environmental change strategies, educational activities, and culturally sensitive interventions. Staff empowers local communities to make changes within their communities to promote and expand opportunities for physical activity, improve access to healthy foods through community gardens, worksite wellness initiatives, and farmer's markets. Communities funded to implement strategies that encourage healthy lifestyle choices which are known to prevent or prolong development of chronic disease through the implementation of evidence-based strategies and by leveraging staff and resources to attract additional partners and funding to support a comprehensive approach to their work.

Primary Strategic Partnerships:

This work requires collaborative relationships and strategic partnerships both internally and externally. Those listed below represent only a fraction of the partnerships formed.

Internal

- • Bureau of Community Health Systems
- • Bureau of Family Health
- • Bureau of Disease Control and Prevention
- • Bureau of Epidemiology & Public Health Informatics
- • Center for Health Disparities
- • Bureau of Oral Health
- • Pollution Prevention Institute
- • Non-profits

External

- • Government Agencies
- • American Cancer Society
- • American Diabetes Association
- • Kansas Hospital Association
- • Academic partners
- • American Lung Association
- • Kansas Health Foundation
- • K-State Research and Extension

- . . NACDD
- . . Public Health Law Center
- . . The Food Trust
- . . RDG Planning and Design
- . . American Heart Association
- . . Blue Cross and Blue Shield of Kansas
- . . Local Health Departments
- . . Local Chronic Disease Coalitions
- . . National Physical Activity Society

**Role of PHHSBG Funds:**

The PHHSBG is the primary source of funding to support adult obesity prevention efforts at the state and community level. PHHSBG funds support communities in implementing evidence-based strategies to impact physical activity and healthy eating with a focus on those communities whose residents are disproportionately impacted. PHHSBG funds are distributed through the "Aid-to-Local" process to counties across the state, and its programming affects the lives of nearly 80 percent of the state's adult population.

**Evaluation Methodology:**

Surveillance data from the Kansas Behavioral Risk Factor Surveillance System (BRFSS) will be used to evaluate progress towards the overall program goal of reducing primary risk factors for adult obesity. Staff from the Bureau of Health Promotion and the BRFSS will produce routine surveillance reports that will be used to monitor progress.

**State Program Setting:**

Business, corporation or industry, Community based organization, Community health center, Faith based organization, Local health department, Medical or clinical site, Parks or playgrounds, State health department, University or college, Work site

**FTEs (Full Time Equivalent):**

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

**Position Name:** Ryan Lester

**Position Title:** Director, Bureau of Health Promotion

State-Level: 15% Local: 5% Other: 0% Total: 20%

**Position Name:** Jamie Medaris

**Position Title:** Assistant Administrator

State-Level: 17% Local: 0% Other: 0% Total: 17%

**Position Name:** Steve Corbett

**Position Title:** Senior Epidemiologist

State-Level: % Local: 0% Other: 0% Total: %

**Position Name:** Julie Sergeant

**Position Title:** Population Health Specialist

State-Level: 17% Local: 0% Other: 0% Total: 17%

**Position Name:** Philip Harris

**Position Title:** Communications Coordinator

State-Level: 10% Local: 5% Other: 0% Total: 15%

**Position Name:** Mende Barnett

**Position Title:** Section Director, Community Health Promotion

State-Level: 3% Local: 0% Other: 0% Total: 3%

**Position Name:** Warren Hays

**Position Title:** Program Manager

State-Level: 50% Local: 0% Other: 0% Total: 50%

**Position Name:** Emily Carpenter

**Position Title:** Public Health Educator

State-Level: 20% Local: 5% Other: 0% Total: 25%

**Position Name:** Halee Stevens

**Position Title:** Public Health Educator

State-Level: 5% Local: 0% Other: 0% Total: 5%

**Position Name:** Shannon Lines

**Position Title:** Advanced Epidemiologist

State-Level: 3% Local: 0% Other: 0% Total: 3%

**Position Name:** Lisa Duncan-Edes

**Position Title:** Public Service Administrator

State-Level: 2% Local: 0% Other: 0% Total: 2%

**Position Name:** Magen Salley

**Position Title:** Fiscal Analyst

State-Level: 3% Local: 0% Other: 0% Total: 3%

**Total Number of Positions Funded:** 12

**Total FTEs Funded:** 1.46

### **National Health Objective: HO NWS-9 Obesity in Adults**

#### **State Health Objective(s):**

Between 10/2011 and 09/2020, increase to at least 18% the proportion of Kansas adults who meet the objectives for aerobic physical activity and for muscle-strengthening activity

Between 10/2011 and 09/2020, decrease to at least 37% the proportion of Kansas adults who consume <1 fruit per day.

Between 10/2011 and 09/2020, decrease to at least 20% the proportion of Kansas adults who consume <1 vegetable per day.

Between 10/2011 and 09/2020, reduce to at least 27% the proportion of Kansans aged 18 and older who are obese.

#### **Baseline:**

19.0 percent (95% CI: 18.3%-19.7%) of Kansas adults met aerobic and muscle-strengthening physical activity objectives (KS BRFSS, 2017).

37.5 percent (95% CI: 36.7%-38.2%) of Kansas adults consumed fruit less than one time per day (KS BRFSS, 2017).

17.3 percent (95% CI: 16.6%-18.0%) of Kansas adults consumed vegetables less than one time per day (KS BRFSS, 2017).

34.4 percent (95% CI: 33.2%-35.6%) of Kansas adults were obese (KS BRFSS, 2018).

#### **Data Source:**

Baseline: 2017, 2018 Kansas Behavioral Risk Factor Surveillance System (KS BRFSS).

Note on Data Source:

Physical activity and fruit and vegetable data are collected in odd-years. Physical activity changed beginning in 2011. Fruit and vegetable indicators changed in 2011 and 2017. Due to changes in the definition of fruit and vegetable consumption, data are not comparable to prior years. In addition, due to changes in sampling design and weighting methodology, BRFSS data prior to 2011 are not comparable with BRFSS data collected in 2011 and beyond.

#### **State Health Problem:**

##### **Health Burden:**

##### **Health Burden of Overweight and Obesity in Kansas:**

Obesity, defined as a body mass index (BMI) greater than 30 kg/m<sup>2</sup>, increases the risk for several chronic

diseases including coronary heart disease, type 2 diabetes, certain cancers, stroke and osteoarthritis.<sup>1</sup> Currently more than three in 10 Kansas adults aged 18 years and older are obese (34.4 percent).<sup>2</sup> There are specific sub-populations in Kansas who are disproportionately impacted by obesity. The percentage of Kansas adults who are obese is significantly higher among persons with lower annual household incomes, lower educational levels, and those living with a disability or with poor mental health status. Obesity prevalence is lower among young adults aged 18 to 24 years.

#### **Health Burden of an Unhealthy Diet and Physical Activity:**

**Physical Activity** - Regular physical activity is associated with reduced risk of several chronic health conditions including coronary heart disease, stroke, type 2 diabetes and certain cancers.<sup>3</sup> Participating in physical activity also delays the onset of functional limitations,<sup>4</sup> prevents obesity and is essential for normal joint health.<sup>5</sup> The U.S. Department of Health and Human Services' *2008 Physical Activity Guidelines for Americans* recommend that adults participate in at least 150 minutes a week of moderate-intensity aerobic activity, or 75 minutes a week of vigorous-intensity aerobic activity or an equivalent combination of moderate- and vigorous-intensity aerobic activity.<sup>4</sup> The *Guidelines* also recommend that children and adolescents participate in at least 60 minutes of physical activity per day.<sup>4</sup>

**Nutrition** - Research shows that eating at least two and a half cups of fruits and vegetables per day is associated with a reduced risk of many chronic diseases, including cardiovascular disease and hypertension. A diet rich in fruits and vegetables can also help adults and children achieve and maintain a healthy weight.<sup>6</sup> In 2017, more than one in six Kansas adults aged 18 years and older (17.3 percent) consumed vegetables less than 1 time per day.<sup>7</sup> The percentage of Kansas adults who consumed vegetables less than 1 time per day was significantly higher among males, adults aged 18-24 years, African Americans, and those with lower education, lower annual household income, living with a disability or poor mental health. An even greater number of Kansas adults do not consume fruits. In 2017, 37.5 percent of Kansas adults consumed fruit less than 1 time per day.<sup>8</sup> Some sub-populations with significantly lower fruit consumption are similar to those noted for vegetable consumption. The percentage of adults who did not consume fruit at least once per day is significantly higher among males, adults aged 18 to 24 years, and among those with lower education, lower annual household incomes, living with a disability and poor mental health status.

#### **Target Population:**

Number: 2,123,829

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65-74 years, 75 – 84 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Number: 204,336

Ethnicity: Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other

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<sup>1</sup> U.S. Department of Health and Human Services. Public Health Service; National Institutes of Health; National Heart, Lung and Blood Institute. Clinical guidelines on the identification, evaluation and treatment of overweight and obesity in adults. NIH Publication No. 98-4083; 1998.

<sup>2</sup> 2018 Kansas Behavioral Risk Factor Surveillance System. Bureau of Health Promotion, Kansas Department of Health and Environment.

<sup>3</sup> U.S. Department of Health and Human Services. *2008 Physical Activity Guidelines for Americans*.

<sup>4</sup> Huang Y, Macera CA, Blair SN, Brill PA, Kohl HW, Kronfeld JJ. Physical fitness, physical activity, and functional limitations in adults 40 and older. *Medicine Science in Sports and Exercise*. 1998;30:1430-1435.

<sup>5</sup> Minor MA. Exercise in the treatment of osteoarthritis. *Rheum Dis Clin North Am*. 1999;25:397-415.

<sup>6</sup> U.S. Department of Agriculture and U.S. Department of Health and Human Services. *Dietary Guidelines for Americans, 2010*. 7th Edition, Washington, DC: U.S. Government Printing Office;2010.

<sup>7</sup> 2017 Kansas Behavioral Risk Factor Surveillance System. Bureau of Health Promotion, Kansas Department of Health and Environment.

Pacific Islander, White, Other  
Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65-74 years, 75 – 84 years  
Gender: Female and Male  
Geography: Rural and Urban  
Primarily Low Income: Yes  
Location: Entire state  
Target and Disparate Data Sources: Kansas Information for Communities, Bureau of Epidemiology and Public Health Informatics, Kansas Department of Health and Environment

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)  
Guide to Community Preventive Services (Task Force on Community Preventive Services)  
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

**Funds Allocated and Block Grant Role in Addressing this Health Objective:**

Total Current Year Funds Allocated to Health Objective: \$665,501  
Total Prior Year Funds Allocated to Health Objective: \$724,083  
Funds Allocated to Disparate Populations: \$0  
Funds to Local Entities: \$330,000  
Role of Block Grant Dollars: Supplemental Funding  
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:  
50-74% - Significant source of funding

**OBJECTIVES – ANNUAL ACTIVITIES**

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

**Objective 1:**

**Support Communities to Increase Access to Healthy Foods & Physical Activity**

Between 10/2020 and 9/2021, Community Health Promotion staff will establish 12 aid-to-local contracts through the Chronic Disease Risk Reduction grant program (CDRR) to build local capacity for, and increased access to, healthy foods and physical activity opportunities while addressing health disparities.

**Annual Activities:**

**1. Increase physical activity opportunities in a minimum of eight communities**

Between 10/2020 and 9/2021, Community Health Promotion staff will fund **eight** or more local communities through the CDRR program to address one or both of the following strategies: adopt/implement community-wide and/or site-specific design standards to increase active transportation and access to services and resources; and develop/implement a creative placemaking project and/or repurpose infrastructure and vacant property.

**2. Support healthy food systems and access in a minimum of eight communities**

Between 10/2020 and 9/2021, Community Health Promotion staff will fund **eight** or more local communities through the CDRR program to address one or both of the following strategies: form new food policy councils and/or advance one or more food policy council priorities; and establish new farmers markets, expand farmers markets, and/or promote use of nutrition assistance benefits at farmers markets.

**3. Distribute Senior Farmers Market Nutrition Program promotional resources**

Between 10/2020 and 9/2021, Community Health Promotion staff will create and distribute program informational resources and promote the Senior Farmers Market Nutrition Program to stakeholders through presentations, social media, and paid advertising.

**4. Use GIS mapping to aid in selection and capacity-building of CDRR grantees**

Between 10/2020 and 9/2021, Epidemiology staff will create a heat map indicating variations in obesity rates across communities that will support the prioritization of obesity prevention and treatment efforts across state communities.

**Objective 2:**

**Support Worksite Wellness Initiatives at the KS Department of Health and Environment**

Between 10/2020 and 9/2021, Community Health Promotion staff will conduct 2 activities to encourage healthy eating and physical activity among employees of the Kansas Department of Health and Environment (KDHE) as a worksite wellness pilot project.

**Annual Activities:**

**1. Provide information and training on physical activity and nutrition at KDHE**

Between 10/2020 and 9/2021, Community Health Promotion staff will disseminate information and wellness guidelines, and potentially provide in-person trainings, on the benefits of physical activity and healthy eating among state government employees, including the potential to provide physical incentives to positively reinforce healthy behaviors.

**2. Encourage establishment of an agency worksite wellness committee**

Between 10/2020 and 9/2021, Community Health Promotion staff will work with KHDE leadership to establish an agency worksite wellness committee, aligning with evidence-based best practices.

**State Program Title: Childhood Obesity**

**State Program Strategy:**

KDHE's Bureau of Health Promotion relies on a cadre of partners to assist in the development and implementation of strategies to impact childhood obesity. These strategies are multi-pronged and require action at both the state and local level. Partners critical to ensuring the successful implementation of these strategies are provided below. Specifically, the Governor's Council on Fitness, a Governor appointed body which works to develop recommendations to impact obesity through physical activity and nutrition, plays a key role in community and school based interventions, as does the Kansas Healthy Schools Program, a joint program of the KDHE and the Kansas State Department of Education (KSDE), and contributions from the Kansas Health Foundation in support of the Let's Move Active Kansas Schools (Comprehensive School Physical Activity Program) and Wellness Policy Coaching initiatives. Kansas State University academic staff, through 1305 funding, will assist in identifying systems level change strategies to increase physical activity time in PE to at least 50% consistently across schools within target districts. KDHE and these key partners are assisting schools in using block grant dollars to revise, implement and advance local school wellness policies that have been adopted by the state school board of education to address Nutrition, Nutrition Promotion and Education, and Physical Activity. These policies align with the state health improvement plan, contributing the state's overall efforts to impact childhood obesity.

**Primary Strategic Partnerships**

An example of the collaborative partnerships critical to addressing childhood obesity both internally and externally are listed below.

**Internal**

- • Bureau of Family Health
- • Blue Cross/Blue Shield of Kansas
- • Healthy Kansas Schools Program
- • NACDD
- • Division of Health Care Finance
- • CDRR Grantees

**External**

- • Kansas Health Foundation
- • Kansas State University
- • Kansas State Dept. of Education
- • PedNet
- • Let's Move Active Schools
- • KAHPERD
- • SHAPE
- • American Heart Association
- • American Cancer Society

**Role of PHHSBG Funds:**

The PHHSBG is a primary source of funding for work to address childhood obesity. PHHSBG funds are distributed through grants to high risk schools in counties across the state.

**Evaluation Methodology:**

Surveillance data from the Kansas Youth Risk Behavior Survey (YRBS) will be used to evaluate progress towards the overall program goal of reducing obesity. Staff from the Bureau of Health Promotion and the Healthy Kansas Schools Program will produce routine surveillance reports that will be used to monitor progress.

**State Program Setting:**

Schools or school district

**FTEs (Full Time Equivalents):**

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

**Position Name:** Ryan Lester

**Position Title:** Director, Bureau of Health Promotion

State-Level: 20% Local: 0% Other: 0% Total: 20%

**Position Name:** Jamie Medaris

**Position Title:** Assistant Administrator

State-Level: 17% Local: 0% Other: 0% Total: 17%

**Position Name:** Steve Corbett

**Position Title:** Senior Epidemiologist

State-Level: 6% Local: 6% Other: 0% Total: 12%

**Position Name:** Julie Sergeant

**Position Title:** Population Health Specialist

State-Level: 5% Local: 0% Other: 0% Total: 5%

**Position Name:** Philip Harris

**Position Title:** Communications Coordinator

State-Level: 15% Local: 0% Other: 0% Total: 15%

**Position Name:** Mende Barnett

**Position Title:** Section Director, Community Health Promotion

State-Level: 2% Local: 0% Other: 0% Total: 2%

**Position Name:** Warren Hays

**Position Title:** Program Manager

State-Level: 25% Local: 0% Other: 0% Total: 25%

**Position Name:** Emily Carpenter

**Position Title:** Public Health Educator

State-Level: 30% Local: 20% Other: 0% Total: 50%

**Position Name:** Halee Stevens

**Position Title:** Public Health Educator

State-Level: 5% Local: 0% Other: 0% Total: 5%

**Position Name:** Shannon Lines

**Position Title:** Advanced Epidemiologist

State-Level: 2% Local: 0% Other: 0% Total: 2%

**Position Name:** Lisa Duncan-Edes

**Position Title:** Public Service Administrator

State-Level: 2% Local: 0% Other: 0% Total: 2%

**Position Name:** Magen Salley

**Position Title:** Fiscal Analyst

State-Level: 3% Local: 0% Other: 0% Total: 3%

**Total Number of Positions Funded:** 12

**Total FTEs Funded:** 1.38

## **National Health Objective: HO NWS-10 Obesity in Children and Adolescents**

### **State Health Objective(s):**

Between 10/2011 and 09/2020, reduce the proportion of children and adolescents in Kansas who are overweight or obese to 9%.

### **Baseline:**

15.1 percent (95% CI: 12.7%-17.9%) of Kansas high school students (grades 9-12) were obese (BMI $\geq$ 95th percentile)

### **Data Source:**

The 2019 Kansas Youth Risk Behavior Survey (KS YRBS)

### **State Health Problem:**

#### **Health Burden:**

The national obesity epidemic includes adults and children. Data from the Supplemental Nutrition Program for Women, Infants, and Children (WIC) provide the most accessible obesity-related information on Kansas children <5 years old. In Kansas, the prevalence of obesity among children aged <5 years enrolled in WIC increased is 12.4 percent.<sup>8</sup> Older Kansas children self-report height and weight on the Youth Risk Behavior Survey (grades 9-12). The most recent survey data available for Kansas indicates that 15.1 percent of Kansas high school students are obese.<sup>9</sup> The prevalence of obesity among high school students was approximately the same among boys (16.7%) and girls (13.5%). Additionally, only 26.5 percent of Kansas high school students met physical activity guidelines (i.e., physically active for 60 minutes or more per day) and less than half (49.8%) of Kansas high school students attended physical education classes on one or more days in an average week when they were in school.

#### **Target Population:**

Number: 598,341

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: 5 - 9 years, 10 - 14 years, 15 – 19 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

#### **Disparate Population:**

Number: 109,839

Ethnicity: Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: 5 - 9 years, 10 - 14 years, 15 – 19 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Entire state

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<sup>8</sup> The Special Supplemental Nutrition Program for Women, Infants and Children Participant and Program Characteristics 2014, U.S. Department of Agriculture, Food and Nutrition Service.

<sup>9</sup> 2019 Kansas Youth Risk Behavior Survey, Kansas State Department of Education.

Target and Disparate Data Sources: Kansas Information for Communities, Bureau of Epidemiology and Public Health Informatics, Kansas Department of Health and Environment

### **Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

Other: Institute of Medicine Obesity Recommendations

### **Funds Allocated and Block Grant Role in Addressing this Health Objective:**

Total Current Year Funds Allocated to Health Objective: \$125,566

Total Prior Year Funds Allocated to Health Objective: \$136,619

Funds Allocated to Disparate Populations: \$102,000

Funds to Local Entities: \$102,000

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

50-74% - Significant source of funding

## **OBJECTIVES – ANNUAL ACTIVITIES**

Objective 1:

### **Increase Capacity of School Nurses to Address Overweight and Obesity among Students**

Between 10/2020 and 9/2021 Community Health Promotion staff will conduct 2 activities, in conjunction with the School Nurse Advisory Council (SNAC), to promote identified priorities among school nurses to bolster Kansas school nurses' role in managing and preventing obesity among children and adolescents in school settings.

#### **Annual Activities:**

#### **1. Provide resources and training to school nurses focused on childhood obesity**

Between 10/2020 and 9/2021, Community Health Promotion staff will coordinate with SNAC to create, promote, and disseminate tools, resources, and trainings to bolster Kansas school nurses' role in managing and preventing obesity among children and adolescents in school settings. Targeted school district audiences include those with high levels of poverty, limited healthy food access, and in areas with high adult obesity rates.

#### **2. Promote identified priorities from SNAC's work on childhood weight management**

Between 10/2020 and 9/2021, Community Health Promotion staff will coordinate with SNAC to promote identified priorities on managing and preventing obesity among children and adolescents, including the following potential activities:

- a) Promote adoption by school districts and school nurses of strategies outlined in the 2020 SNAC-created resource *Improving the Health of Kansas Students: A Toolkit for School Nurse*;
- b) Promote resources and education for parents on childhood obesity facts, how to discuss overweight and obesity with their children, and assistance handling referrals to health care professionals;
- c) Guide collaborate efforts between KDHE, KSNO, the Kansas State Department of Education, the iAmHealthy project, the Kansas Chapter of the American Academy of Pediatrics, and/or other interested child health partners supporting interventions on obesity in children and adolescents;
- d) Promote findings related to annual school health data;
- e) Recommend updates to KDHE's school health web pages; and
- f) Determine state-level trainings or certifications with possible input on changes to current statute.

#### **Objective 2:**

Advance Increased Access to Healthy Foods and Physical Activity through the GCOF

Between 10/2020 and 9/2021, Community Health Promotion staff will conduct 2 activities with the Governor's Council on Fitness (GCOF) to advance increased access to healthy foods and physical activity, and to award outstanding individuals and organizations for their promotion of healthy eating and physical activity.

#### **Annual Activities:**

#### **1. Coordinate four GCOF meetings and advance priorities**

Between 10/2020 and 9/2021, Community Health Promotion staff will coordinate four all-Council meetings and implement priorities set by the GCOF, which serves as the state physical activity and nutrition advisory council. These priorities support physical activity and nutrition opportunities across the state to reduce obesity and health related disparities.

**2. Award two GCOF Health Champions at organizational and individual levels**

Between 10/2020 and 9/2021, Community Health Promotion staff will coordinate submission and review of Health Champion Award applications by the GCOF Awards committee. Two health champions (one each in the categories of "individual" and "organization") will be celebrated, as will the runner-up in each category. Award criteria includes candidate individuals and organizations demonstrating outstanding efforts to overcome health disparities that lead to sedentary lifestyles and undernourishment.

**Objective 3:**

**Promote and support breastfeeding**

Between 10/2020 and 10/2021, Community Health Promotion staff will conduct 2 activities to promote support for breastfeeding among the general public, health care providers, and within the Kansas Department of Health and Environment.

**Annual Activities:**

**1. Promote, create and/or distribute breastfeeding support resources**

Between 10/2020 and 9/2021, Community Health Promotion staff will work to promote, create, and/or distribute breastfeeding support resources and regular social media content, including the State of Kansas breastfeeding policy and breastfeeding educational resources for health care providers.

**2. Encourage adoption of strengthened breastfeeding support policy at KDHE**

Between 10/2020 and 9/2021, Community Health Promotion staff will work with KHDE leadership to encourage adoption of a strengthened agency-wide policy supporting breastfeeding employees, aligning with evidence-based best practices and model policy language.

## **State Program Title: Comprehensive Cancer Control**

### **State Program Strategy:**

KDHE's Bureau of Health Promotion and the Cancer, Opioid, Palliative Care, and Early Detection Works Section includes cancer prevention and control programs that conduct strategic planning and leverage resources for cancer prevention and control activities. Work is accomplished through collaboration with an integrated network of organizations and individuals from across the state, with the goal of reducing the burden of cancer in Kansas. The Kansas Cancer Partnership (KCP) coordinates partners to use Kansas-specific data to identify and prioritize goals and objectives to prevent cancer from occurring, detect cancer at its earliest stages, assure access to high quality cancer treatment, and improve the quality of life of cancer patients and survivors as they live with and beyond the disease. These goals and related objectives will be achieved through evidence-based strategies that enhance cancer epidemiology and surveillance, increase environmental approaches to promote healthy lifestyles and reduce risk-taking behaviors, enable health system change to improve effective delivery and use of early detection and treatment services, and foster community-clinical linkages to facilitate referrals to chronic disease management programs. The state cancer plan, Kansas Cancer Prevention and Control Plan: 2017-2021, is being implemented by work groups to achieve priority objectives.

#### Primary Strategic Partnerships:

The Comprehensive Cancer Control Program has fostered many collaborative relationships and strategic partnerships both internally and externally. Those listed below represent a small fraction of the overall partnerships formed.

#### Internal

- Bureau of Health Promotion
- Bureau of Community Health Systems
- Immunization Program
- Bureau of Family Health
- Bureau of Epidemiology and Public Health Informatics

#### External

- Kansas Cancer Partnership (KCP)
- American Cancer Society
- Susan G. Komen Foundation
- Masonic Cancer Alliance
- Community Care Network of Kansas
- Kansas Cancer Registry
- University of Kansas Department of Preventive Medicine
- University of Kansas Cancer Center
- Kansas Health Care Collaborative
- Greater Wichita YMCA
- Wichita State University Community Engagement Institute

#### Role of PHHSBG Funds:

The PHHSBG funds will expand and enhance activities that further progress towards state cancer plan goals and objectives, with a focus on those that overlap with HK2020's strategies for Healthy Living, Healthy Communities, and Access to Services. PHHSBG funds provide approximately 7.9% of the overall funds to support comprehensive cancer control in Kansas.

#### Evaluation Methodology:

Surveillance data from the Kansas Mortality database and the Behavior Risk Factor Surveillance System (BRFSS) will be used for evaluation. Kansas Comprehensive Cancer Control program staff will compile the data used to monitor and report progress.

**State Program Setting:**

State health department, University or college

**FTEs (Full Time Equivalents):**

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

**Position Name:** Ryan Lester

**Position Title:** Director, Bureau of Health Promotion

State-Level: 20% Local: 0% Other: 0% Total: 20%

**Position Name:** Jamie Medaris

**Position Title:** Assistant Administrator

State-Level: 16% Local: 0% Other: 0% Total: 16%

**Position Name:** Steve Corbett

**Position Title:** Senior Epidemiologist

State-Level: 7% Local: 6% Other: 0% Total: 13%

**Position Name:** Julie Sergeant

**Position Title:** Population Health Specialist

State-Level: 10% Local: 0% Other: 0% Total: 10%

**Position Name:** Philip Harris

**Position Title:** Communications Coordinator

State-Level: 10% Local: 0% Other: 0% Total: 10%

**Position Name:** Lisa Duncan-Edes

**Position Title:** Public Service Administrator

State-Level: 1% Local: 0% Other: 0% Total: 1%

**Position Name:** Magen Salley

**Position Title:** Fiscal Analyst

State-Level: 3% Local: 0% Other: 0% Total: 3%

**Total Number of Positions Funded:** 7

**Total FTEs Funded:** 0.52

**National Health Objective: HO C-1 Overall Cancer Deaths**

**State Health Objective(s):**

Between 07/2011 and 09/2020, Reduce the overall cancer death rate from 170.6 to 162.1 per 100,000 population.

**Baseline:**

Age-adjusted cancer mortality rate is 158.0 per 100,000 population

**Data Source:**

2015 Kansas Cancer Registry, Bureau of Health Promotion, KDHE. 2017 Kansas Vital Statistics, Bureau of Epidemiology and Public Health Informatics, KDHE

All rates are per 100,000 population, calculated using SEER 1990-2016 County-Level Population Files (19 age groups) and age-adjusted to the 2000 US Standard Population

## **State Health Problem:**

### **Health Burden:**

The following data are summarized from the Kansas Cancer Registry database (2016) and the Kansas Vital Statistics (2017). More than 15,015 reportable cancers were diagnosed among Kansans in 2016 (age-adjusted rate: 449.0 cases per 100,000 population; 95% CI: 441.6-456.5). Cancer was a leading cause of death in Kansas in 2017 with more than 5,391 deaths due to cancer, the age-adjusted overall cancer mortality rate in Kansas was 153.9 deaths per 100,000 persons (95% CI: 149.8-158.2).

In Kansas, lung cancer is the leading cause of cancer death, and the second most commonly diagnosed cancer among both men and women. In 2016, the age-adjusted lung cancer incidence rate in Kansas was 53.0 cases per 100,000 persons (95% CI: 50.5-55.5). In 2017, the age-adjusted lung cancer mortality rate in Kansas was 38.6 deaths per 100,000 persons (95% CI: 36.5-40.8).

Among Kansas women, breast cancer is the most commonly diagnosed cancer, and the second leading cause of cancer death. The age-adjusted female breast cancer incidence rate was 131.7 cases per 100,000 women in 2016 (95% CI: 126.1-137.5). The age-adjusted female breast cancer mortality rate was 18.0 deaths per 100,000 women in 2017 (95% CI: 16.1-20.2).

Among Kansas men, prostate cancer is the most commonly diagnosed cancer, and a leading cause of cancer death. The age-adjusted prostate cancer incidence rate was 100.9 cases per 100,000 men in 2016 (95% CI: 96.0-106.0). The age-adjusted prostate cancer mortality rate was 18.2 deaths per 100,000 men in 2017 (95% CI: 16.0-20.5).

In Kansas, colorectal cancer is the second leading cause of cancer death among cancers that affect both men and women, and the third most commonly diagnosed cancer among both men and women. The age-adjusted colorectal cancer incidence was 38.9 cases per 100,000 persons in 2016 (95%CI: 36.7-41.2). The age-adjusted colorectal cancer mortality was 14.5 deaths per 100,000 persons in 2017 (95% CI: 13.2-15.9).

Deaths due to cervical cancer in females and melanoma of the skin in both females and males are less common; however, incidence and mortality rates for these cancers are worth noting due to the fact that there are effective prevention strategies available. In Kansas, the age-adjusted cervical cancer incidence rate was 6.8 cases per 100,000 females in 2016 (95% CI: 5.5-8.4). The age-adjusted cervical cancer mortality rate was 2.1 deaths per 100,000 females in 2017 (95% CI: 1.4-3.1). In Kansas, the age-adjusted melanoma incidence rate was 27.5 cases per 100,000 persons in 2016 (95% CI: 25.6-29.4). The age-adjusted melanoma mortality rate was 2.1 deaths per 100,000 persons in 2017 (95% CI: 1.6-2.6).

### **Target Population:**

Number: 2,893,957

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

### **Disparate Population:**

Number: 483,295

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50

- 64 years, 65 years and older  
Gender: Female and Male  
Geography: Rural and Urban  
Primarily Low Income: Yes  
Location: Entire state  
Target and Disparate Data Sources: Kansas Information for Communities

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**  
Guide to Community Preventive Services (Task Force on Community Preventive Services)

Other: Cancer Control P.L.A.N.E.T. (Division of Cancer Control and Population Sciences, National Cancer Institute)

**Funds Allocated and Block Grant Role in Addressing this Health Objective:**

Total Current Year Funds Allocated to Health Objective: ~~\$37,670~~  
Total Prior Year Funds Allocated to Health Objective: ~~\$40,986~~  
Funds Allocated to Disparate Populations: \$22,000  
Funds to Local Entities: \$8,000  
Role of Block Grant Dollars: Supplemental Funding  
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:  
Less than 10% - Minimal source of funding

**OBJECTIVES – ANNUAL ACTIVITIES**

**Objective 1:**

**Increase statewide collection of BRFSS questions**

Between 10/2020 and 9/2021, BRFSS and Cancer epidemiologist will collect, a minimum of 5,000 Kansas Behavior Risk Factor Surveillance Surveys collected by way of survey methods utilizing random digit dialed telephone interviews of the Kansas adult population (18 years and older) living in households.

**Annual Activities:**

**1. Collect BRFSS data related to advanced directive and palliative care**

Between 10/2020 and 9/2021, staff will oversee and coordinate the overall operations of the collection of the specified Kansas BRFSS data related to advanced health care planning and palliative care that meet CDC required guidelines and include the timely submission of data to CDC.

**Objective 2:**

**Increase Healthy Living Among Kansans**

Between 10/2020 and 9/2021 the Cancer program manager will decrease the percent of adults ever diagnosed with any cancer who have reported that poor physical or mental health kept them from doing usual activities such as self-care, work or recreation on 14 or more of the past 30 days from 11.5% (2018 BRFSS) to 10%.

**Annual Activities:**

**1. Improve quality of life of cancer survivors**

Between 10/2020 and 9/2021, the Cancer Program Manager will work with the CDC, YMCA, CDSMP program and the University of Kansas Cancer Center to promote and expand options for LiveStrong at the YMCA, CDSMP classes with cancer survivors as the target audience, and Cancer Connections workshops. LiveStrong at the YMCA and CDSMP will be offered in-person, and Cancer Connections will be offered in webinar format. Evaluations will be conducted for each activity.



## **State Program Title: Public Health Infrastructure**

### **State Program Strategy:**

In a decentralized public health system such as Kansas, building and sustaining effective partnerships and ensuring adequate and timely delivery of public health workforce training is critical. A recent public health workforce assessment identified a number of gaps which need to be addressed through additional training and workforce development. Block grant funding allows the KDHE's Bureau of Community Health Systems (BCHS) to provide technical assistance directed at health departments capacity to perform the essential public health services, to support and develop infrastructure, and to promote partnerships involving health departments and other agencies, both public and private, which address community health issues.

Block grant funds support quarterly regional public health meetings, organized by the LPH staff and convened for local health department administrators from 100 local health departments, development and distribution of a monthly electronic publication, Public Health Connections, accessible to health departments, system partners, and the public and involvement in multiple committees/task forces to ensure constant connection, identified in the body of this report. Areas of emphasis for the Local Health Section include public health workforce development, building the capacity of local health departments and system partners to effectively provide essential public health services.

#### Partnerships:

The Bureau of Community Health Systems, KDHE, has fostered a number of collaborative relationships and strategic partnerships both internally and externally which serve to further the work of the Local Public Health program. The partnerships listed below represent the most relevant and only a portion of those formed.

#### External:

- Kansas Public Health Workforce Development Coordinating Council which includes: local health departments, Kansas Association of Local Health Departments (KALHD), Kansas Public Health Association (KPHA), Kansas Environmental Health Association (KEHA), MPH programs at the University of Kansas (KUMC) and Kansas State University (KSU), KUMC Area Health Education Center, Kansas Health Foundation (KHF), Kansas Health Institute (KHI), nursing programs at Kansas University, Baker University and Johnson County Community College, undergraduate public health program at Wichita State University (WSU) and the Community Engagement Institute at WSU
- Universities and community colleges
- Local health departments
- Kansas Association of Counties (KAC)
- Kansas Hospital Association (KHA)
- Midwest Public Health Training Center
- State Training Action Team – Kansas Department of Administration
- Public Health Foundation—Quality improvement efforts
- Immunize Kansas Coalition

#### Internal:

- . Bureau of Health Promotion
- .
- . Bureau of Disease Control and Prevention
- .
- . Bureau of Family Health
- .
- . Bureau of Disease Control & Prevention
- .
- . Bureau of Epidemiology and Public Health Informatics
- .

- - Bureau of Oral Health
- -
- - Bureau of Environmental Health
- -
- - Division of Health Care Finance
- -
- - Center for Performance Management
- -
- - Division of Environment

Role of PHHSBG Funds:

The PHHSBG funds represent approximately 20 percent of total funding for this program.

Evaluation Methodology:

The Bureau of Community Health Systems staff will provide reports on the progress toward objectives; Public Health Accreditation Board Standards will provide overall evaluation framework for progress in system performance of essential public health services.

**State Program Setting:**

Community based organization, Local health department, Medical or clinical site, State health department, University or college, Other: Other locations with community partners

**FTEs (Full Time Equivalent):**

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

**Position Name:** Cristi Cain

**Position Title:** Director, Local Public Health Program

State-Level: 30% Local: 8% Other: 0% Total: 38%

**Position Name:** Katie Mahuron

**Position Title:** Public Health Specialist

State-Level: 39% Local: 0% Other: 0% Total: 39%

**Position Name:** Lisa Duncan Edes

**Position Title:** Public Service Administrator

State-Level: 9% Local: 0% Other: 0% Total: 9%

**Total Number of Positions Funded:** 3

**Total FTEs Funded:** 0.86

**National Health Objective: HO PHI-14 Public Health System Assessment**

**State Health Objective(s):**

Between 07/2011 and 09/2020, the capacity to perform essential public health services, as measured by reported increased readiness to meet the national public health performance standards, provide foundational services, and prepare for application for voluntary accreditation/reaccreditation, will improve by local public health agencies serving 50 percent of the state population and in the state health department.

**Baseline:**

As of 2/2019, three local health departments, serving approximately 41 percent of the state population had applied for and received accredited status. The state health department is also accredited.

**Data Source:**

Public Health Accreditation Board; US Census 2014 (estimated); Healthy Kansans 2020; Kansas Health Institute--Kansas Foundational Services Assessment

**State Health Problem:****Health Burden:**

The Kansas Preventive Health Block Grant Advisory Committee has encouraged movement toward a more comprehensive approach to address national and state health objectives through state agency activities supported by Preventive Health Block Grant funds. In order for Kansas' public health agencies to be successful in achieving population-based goals as identified in all national and state health objectives, efforts must be implemented to improve public health infrastructure at the local and state levels. Ultimately, this improvement will require workforce development, technical support, enhanced community collaboration and state-local collaboration, as well as resources. The public health performance standards and foundational services in conjunction with the Public Health Accreditation Board Standards and Measures are an appropriate framework to assess the effectiveness of public health agencies in improving their capacity to assure essential services for their communities, thus reducing the health burden.

**Target Population:**

Number: 2,904,021

Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Community Based Organizations, Health Care Systems, Research and Educational Institutions, Business and Merchants, Safety Organizations, Other

**Disparate Population:**

Number: 100

Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Community Based Organizations, Health Care Systems

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

Best Practice Initiative (U.S. Department of Health and Human Service)

Other: National Public Health Performance Standards/Public Health Accreditation Board Standards/Foundational Services

**Funds Allocated and Block Grant Role in Addressing this Health Objective:**

Total Current Year Funds Allocated to Health Objective: \$135,623

Total Prior Year Funds Allocated to Health Objective: \$163,943

Funds Allocated to Disparate Populations: \$53,310

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

10-49% - Partial source of funding

## OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

### **Objective 1:**

#### **Promote Public Health Standards**

Between 10/2020 and 09/2021, the Local Public Health Program will provide support for Kansas' local health departments and the state health department by providing capacity building to **100** local health departments to promote public health standards.

### **Annual Activities:**

#### **1. Promote Public Health Infrastructure and Capacity Building**

Between 10/2020 and 09/2021, provide targeted content through provision of technical assistance, regional public health meetings, the Kansas Accreditation Readiness Project, Connections publications, targeted workforce development efforts such as the Governor's Public Health Conference, as well as by posting resources on the Local Public Health KDHE webpage. The LPH Program coordinates system-wide communications that increase efficiency and collaboration through means including the Kansas Public Health Directory and a monthly statewide KDHE Population Health webinar. Include communications about Foundational Public Health Services.

#### **2. Coordinate State Agency Accreditation Sustainability Activities**

Between 10/2020 and 09/2021, coordinate quality improvement and accreditation activities across all programs and bureaus within KDHE. The Local Public Health Program will provide leadership, as members of the Accreditation Team and Quality Improvement Council, in work toward maintaining accreditation. A sustainability plan will be developed which will include a plan for annual reporting and reaccreditation processes.

#### **3. Support Statewide Public Health System Initiatives**

Between 10/2020 and 09/2021, collaborate with the Kansas Health Institute (KHI), Kansas Association of Local Health Departments, Wichita State University and others to build capacity of the Kansas public health system including a focus on public health messaging, implementation of the chief health strategist model (Public Health 3.0), and Foundational Public Health Services.

#### **4. Promote collaboration with local health departments**

Between 10/2020 and 09/2021, facilitate communication and collaboration between all programs/bureaus at the state health department and local health departments to provide effective support.

#### **5. Coordinate system that provides funding to Kansas public health system partners**

Between 10/2020 and 09/2021, process all SFY2021 applications for funding and SFY2021 progress and financial status reports in the Kansas Grant Management System. Provide technical assistance to system users and grant managers.

#### **6. Conduct survey of all 100 local health departments and analyze results**

Between 10/2020 and 09/2021, conduct survey of all local health departments to collect data about accreditation readiness, provision of services, and capacity to address emerging issues. Analyze data and share results with system partners.

### **Objective 2:**

#### **Workforce Development**

Between 10/2020 and 09/2021, the Local Public Health Program will implement **at least 25** workforce development opportunities (a course on TRAIN, regional meeting, or attendance at the Governor's Public Health Conference.).

**Annual Activities:**

**1. Training Plan Development**

Between 10/2020 and 09/2021, to support competency and capacity at all levels of the state and local public health workforce, methods will be adopted to develop, share, implement, market and track training plans via Kansas TRAIN which will lead to a 10% increase in the number of Kansas TRAIN users.

**2. Online Course Development**

Between 10/2020 and 09/2021, develop 5 new online courses with targeted content to meet the identified needs of the Kansas public health workforce.

**3. Workforce Development Support**

Between 10/2020 and 09/2021, provide technical support to Kansas TRAIN course providers and system users to ensure effective provision of workforce development.

**4. Workforce Competency Assessment**

Between 10/2020 and 09/2021, convene committee to develop statewide public health competency assessment with local health departments and other public health system partners.

**5. Kansas Public Health Regional Meetings**

Between 10/2020 and 09/2021, hold 24 face-to-face public health meetings for local health department administrators and staff in all six public health regions of Kansas. The meetings will be coordinated and facilitated by Local Public Health Program staff. The purpose of the meetings will be to provide just in time workforce development, leadership development, communication of county and state updates, and regional networking. 75 percent of local health departments will participate in at least one meeting.

**6. Coordinate and facilitate annual public health conference**

Between 10/2020 and 09/2021, coordinate and facilitate the Kansas Governor's Public Health Conference in collaboration with Wichita State University for at least 300 participants representing local health departments and other public health system representatives. Create resource materials based on conference content.

**State Program Title: Reduce Tobacco Use by Adolescents**

**State Program Strategy:**

The Bureau of Health Promotion (BHP) at KDHE is committed to reducing the primary risk factors for chronic disease, injury and premature death. Tobacco use causes much of the illness, suffering and early death related to chronic diseases and conditions. According to the 2014 U.S. Surgeon General's report, 32.6% of deaths from cancer, cardiovascular, metabolic and pulmonary diseases are attributable to smoking. The Campaign for Tobacco Free Kids organization reports that every Kansas household's state and federal tax burden from smoking-caused government expenditures is \$822. The Bureau's Community Health Promotion Program (CHP) facilitates a collaborative approach to planning that provides leadership and leverages support for the development of coordinated statewide prevention strategies to address tobacco use. It also works to reduce the burden and maximizes resources through avoiding duplication of services and replicating successful population-based interventions. The CHP administers the Chronic Disease Risk Reduction Program, a community grant program that provides funding and technical assistance to reduce chronic disease through evidence-based strategies to decrease tobacco use, increase physical activity, increase access to healthy foods and increase people's ability to manage chronic disease. CHP program staff provides technical assistance to local communities to facilitate a comprehensive, systematic, community-based approach to support mobilization of communities to affect long-term change in health risk behaviors using a variety of environmental change strategies, educational activities and interventions.

The development and maintenance of partnerships between CHP staff and communities has proven critical to the success of the CDRR program and statewide tobacco prevention and control efforts. Consequently, during the past nine months a broad range of diverse partner organizations with a history of productive collaboration across tobacco prevention and control partners has provided crucial input and guidance during the development of the five-year Kansas State Tobacco Control Strategic Plan. The tobacco control and prevention activities proposed here align with the Kansas State Tobacco Control Strategic Plan and the State Health Improvement Plan.

**Primary Strategic Partnerships:**

The Bureau of Health Promotion, KDHE, has fostered a number of collaborative relationships and strategic partnerships both internally and externally. The partnerships and interventions activities that occur at the state and community levels ultimately lead to social norm and behavior change statewide. Partnerships engagement is essential for meaningful change to occur. Those listed below represent only a fraction of the partnerships formed.

**Internal and**

- Bureau of Community Health Systems
- Bureau of Family Health
- Bureau of Disease Control and Prevention
- Epidemiology and Public Health Informatics
- Office of Oral Health
- State Department of Education
- Kansas Academy of Family Physicians
- Local Health Departments

**External Partners:**

- American Cancer Society
- American Heart Association
- American Lung Association
- Tobacco Free Kansas Coalition
- University of Kansas Medical Center
- Area Health Education Center

**Role of PHHSBG Funds:**

The PHHSBG is the only source of funding available for widespread implementation of the *Young Lungs at Play* program and development and dissemination of tobacco free signage to support enforcement.

**State Program Setting:**

Parks or playgrounds, Schools or school district, Other: multi-unit housing

**FTEs (Full Time Equivalents):**

Full Time Equivalents positions that are funded with PHS Block Grant funds.

**Position Name:** Ryan Lester

**Position Title:** Director, Bureau of Health Promotion

State-Level: 20% Local: 0% Other: 0% Total: 20%

**Position Name:** Jamie Medaris

**Position Title:** Assistant Administrator

State-Level: 16% Local: 0% Other: 0% Total: 16%

**Position Name:** Steve Corbett

**Position Title:** Senior Epidemiologist

State-Level: 7% Local: 6% Other: 0% Total: 13%

**Position Name:** Julie Sergeant

**Position Title:** Population Health Specialist

State-Level: 5% Local: 0% Other: 0% Total: 5%

**Position Name:** Philip Harris

**Position Title:** Communications Coordinator

State-Level: 15% Local: 0% Other: 0% Total: 15%

**Position Name:** Mende Barnett

**Position Title:** Section Director, Community Health Promotion

State-Level: 2% Local: 0% Other: 0% Total: 2%

**Position Name:** Halee Stevens

**Position Title:** Media/Policy Coordinator

State-Level: 3% Local: 2% Other: 0% Total: 5%

**Position Name:** Jordan Roberts

**Position Title:** Program Manager, Tobacco Use Prevention

State-Level: 4% Local: 3% Other: 0% Total: 7%

**Position Name:** Shannon Lines

**Position Title:** Advanced Epidemiologist, Tobacco Use Prevention

State-Level: 10% Local: 0% Other: 0% Total: 10%

**Position Name:** Lisa Duncan-Edes

**Position Title:** Public Service Administrator

State-Level: 2% Local: 0% Other: 0% Total: 2%

**Position Name:** Magen Salley

**Position Title:** Fiscal Analyst

State-Level: 3% Local: 0% Other: 0% Total: 3%

**Total Number of Positions Funded:** 10

**Total FTEs Funded:** 0.68

**National Health Objective: HO TU-2 Adolescent Tobacco Use**

**State Health Objective(s):**

Between 10/2011 and 09/2020, reduce tobacco use among adolescents to 14.5%

Between 10/2011 and 09/2020, reduce cigarette use among adolescents to 8%

**Baseline:**

25.8% of Kansas adolescents currently use any tobacco products defined as cigarettes, cigars, smokeless tobacco, or electronic cigarettes

5.8% of Kansas adolescents currently smoked cigarettes

**Data Source:**

2019 Kansas Youth Risk Behavior Survey (KS YRBS)

## **State Health Problem:**

### **Health Burden:**

Tobacco use is the leading cause of preventable death and disease in Kansas. Annually, cigarette use alone causes approximately 4,400 deaths in Kansas, costing more than \$1.12 billion in medical expenditures and \$1.09 billion in lost productivity from an experienced workforce that dies prematurely.<sup>10</sup> The prevalence of smoking among adults aged 18 years and older has declined significantly in Kansas from 22.0 percent in 2011<sup>11</sup> to 17.3 percent in 2018.<sup>12</sup> Despite overall declines in cigarette smoking some population subgroups have disproportionately higher rates of smoking. For example, about one in three adults (33.3 percent) with an annual household income of less than \$15,000 smoke compared to about one in ten adults (11.3 percent) with an annual household income of \$50,000 or more. The prevalence of exposure to secondhand smoke at home and in the workplace is also higher among adults with lower household incomes.<sup>13</sup> More than half of current smokers in Kansas (54.9 percent) tried to quit smoking in the past year and members of sub-populations disproportionately impacted by tobacco use are equally interested in quitting.<sup>13</sup> Additionally, youth continue to use tobacco at an alarming rate. Data from the 2019 Kansas Youth Risk Behavior Survey reveal that more than one in four Kansas high school students (25.8 percent) used a tobacco product (conventional cigarettes, cigars, smokeless tobacco or an electronic vapor product) during the past 30 days.<sup>14</sup> The prevalence of conventional cigarette use among high school students is 5.8 percent. In addition, 22.0 percent of high school students currently use an electronic vapor product, 5.5 percent smoke cigars, and 4.5 percent use smokeless tobacco.<sup>15</sup>

### **Target Population:**

Number: 1,906,891

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

### **Disparate Population:**

Number: 295,916

Ethnicity: Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Entire state

Target and Disparate Data Sources: Kansas Information for Communities, Bureau of Epidemiology and Public Health Informatics, Kansas Department of Health and Environment

## **Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

<sup>10</sup> Campaign for Tobacco Free Kids, January 31, 2020, [http://www.tobaccofreekids.org/facts\\_issues/toll\\_us/kansas](http://www.tobaccofreekids.org/facts_issues/toll_us/kansas)

<sup>11</sup> 2011 Kansas Behavioral Risk Factor Surveillance System, Bureau of Health Promotion, Kansas Department of Health and Environment.

<sup>12</sup> 2018 Kansas Behavioral Risk Factor Surveillance System, Bureau of Health Promotion, Kansas Department of Health and Environment.

<sup>13</sup> 2017 Kansas Behavioral Risk Factor Surveillance System, Bureau of Health Promotion, Kansas Department of Health and Environment.

<sup>14</sup> 2019 Kansas Youth Risk Behavior Survey, Kansas State Department of Education

Guide to Community Preventive Services (Task Force on Community Preventive Services)  
Other: Restricting Minors' Access to Tobacco Products - Community Mobilization with Additional Interventions

**Funds Allocated and Block Grant Role in Addressing this Health Objective:**

Total Current Year Funds Allocated to Health Objective: \$75,340

Total Prior Year Funds Allocated to Health Objective: \$81,972

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

Less than 10% - Minimal source of funding

**OBJECTIVES – ANNUAL ACTIVITIES**

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

**Objective 1:**

**Coordinate with Grantees to Reduce Youth Access and Exposure to Tobacco Products**

Between 10/2020 and 9/2021, Tobacco Use Prevention Program will provide technical support to 15 communities.

Tobacco Use Prevention Program staff will work with Chronic Disease Risk Reduction (CDRR) grantees to increase the number of Resist (youth) advocates in the areas of tobacco prevention, restricting youth access and exposure to tobacco products, electronic nicotine delivery systems and by-products (e.g., secondhand smoke).

**Annual Activities:**

**1. Establish Resist Chapters at the school level**

Between 10/2020 and 9/2021, Tobacco Use Prevention Program will provide resources and technical assistance to a minimum of 15 communities to establish a Resist Chapter at the school level. Resist is a youth-led, statewide movement created to FIGHT against the tobacco industry's influence in Kansas. Resist advocates for the de-normalization of tobacco use among Kansas' youth and unites communities to create one voice to stand up against the tobacco industry. Youth not only participate in tobacco control prevention activities structured by this program, but they also help design and implement them utilizing the Center for Disease Control and Prevention's (CDC) Best Practices for Youth Engagement. This program was designed to influence both the state and local levels of tobacco control and prevention.

**2. Train youth on the Taking Down Tobacco Curriculum**

Between 10/2020 and 9/2021, Tobacco Use Prevention Program Staff will provide resources and technical assistance to a minimum of 15 communities to train youth members in the online Campaign for Tobacco Free Kids Taking Down Tobacco curriculum. Members will learn the basic dangers of tobacco use, skills to become advocates and how to develop messages and communicate with community leaders. Youth members will also be trained in the Taking Down Tobacco Become a Trainer courses in efforts to train more young people at in-person trainings.

**3. Increase policies that restrict youth access to tobacco products**

Between 10/2020 and 9/2021, Tobacco Use Prevention Program staff will provide resources and technical assistance to a minimum of 5 communities to implement policy, systems, and environmental (PSE) changes through the identification and implementation of policies that restrict youth access to tobacco products. Community interventions may include promoting the restriction of flavored tobacco products in proximity to schools or age of purchase initiatives, education and enforcement.

**Objective 2:**

**TUPP will support development of tobacco-free policies in at minimum of 6 communities.**

Between 10/2020 and 9/2021, Tobacco Use Prevention Program staff will provide technical support a minimum of 6 communities.

Staff will provide technical support to a minimum of 6 communities in implementing tobacco-free policies in settings where people gather (e.g., parks, trails, farmers markets, sports arenas, schools and outdoor work areas).

**Annual Activities:**

**1. Provide the *Young Lungs at Play* toolkit and connection to a Resist Chapter**

Between 10/2020 and 9/2021, Tobacco Use Prevention Program staff will work with ten communities to implement the YLAP toolkit to eliminate children's exposure to secondhand smoke at tobacco-free parks and playgrounds.

Tobacco Use Prevention Program staff will discuss the resources that YLAP provides including sample policies, fact sheets and information that may be used for establishing tobacco-free parks and playgrounds. Communities will use the resources to pass tobacco-free policies eliminating children's exposure to harmful secondhand smoke. Communities will connect with a Resist Chapter to advocate for tobacco-free environment, specifically tobacco-free parks. Resist is a youth-led, statewide movement created to fight against the tobacco industry's influence in Kansas. Resist advocates for the de-normalization of tobacco use among Kansas' youth and unites communities to create one voice to stand up against the tobacco industry. Youth highlight the need for tobacco-free environments. YLAP signage is also available for communities to post at tobacco-free parks and playgrounds.

**2. Distribute tobacco and electronic nicotine delivery systems-free signage**

Between 10/2020 and 9/2021, Tobacco Use Prevention Program staff will distribute at least 500 no-cost tobacco-free signage to be posted in the tobacco and electronic nicotine delivery systems-free areas. Distribute at least 500 no-cost tobacco-free signage to be posted in the tobacco- and electronic nicotine delivery systems-free areas.

**3. Increase the number of schools with 100% tobacco-free policies**

Between 10/2020 and 9/2021, Tobacco Use Prevention Program staff will provide technical assistance to at least 15 school districts without a comprehensive tobacco-free policy. The values and benefits of comprehensive school policies will be shared with community leaders. In collaboration with the Kansas State Board of Education Vape-Free Task Force, model tobacco-free policy language will be provided to community leaders.

**Objective 3:**

**TUPP will develop and distribute cessation education materials**

Between 10/2020 and 9/2021, Tobacco Use Prevention Program staff will increase the percent of the Kansas Tobacco Quitline monthly registration by 10% from 198 (Kansas Tobacco Quitline) to 218.

**Annual Activities:**

**1. TUPP will develop and distribute cessation educational materials**

Between 10/2020 and 9/2021, Tobacco Use Prevention Program staff will develop and disseminate a minimum of three new cessation educational materials for health care providers and for tobacco users of all ages.

The Tobacco Use Prevention Program will develop and distribute the materials with Chronic Disease Risk Reduction (CDRR) grantees at regional CDRR meetings. The materials will also be available to order via the Program's online ordering system. CDRR grantees will distribute materials to health care providers and tobacco users within their communities. The increased awareness of cessation resources will help to increase the number of monthly registrations to the Kansas Tobacco Quitline.

**2. TUPP will coordinate with CDRR grantees to disseminate cessation resources**

Between 10/2020 and 9/2021, Tobacco Use Prevention Program staff will coordinate with CDRR grantees to distribute Kansas Tobacco Quitline cessation materials such as quit kits, examine room door hangars, rack and wallet cards, and brochures within their communities to health care providers.

**State Program Title: Sexual Violence Prevention and Education**

**State Program Strategy:**

KDHE and the Bureau of Health Promotion's Sexual Violence Prevention and Education (SVPE) Program are committed to reducing the annual rate of rape and sexual assault among female persons aged 10 and older. The SVPE Program is housed in the Bureau's Injury and Violence Prevention Section. Block grant funds are provided to the Metropolitan Organization to Counter Sexual Assault (MOCSA), an organization that provides services to victims and guides a community coalition to develop prevention efforts to reduce the risk for first-time perpetration of sexually violent acts through primary prevention activities. Primary prevention is defined as "pre-injury instruction designed to promote behavior change before a sexually violent incident occurs." Using the public health model, and focusing on root causes of sexual violence, MOCSA guides the community coalition and provides services in a county with rates of rape that are higher than the state average. MOCSA is diligent about sharing lessons learned with other coalitions and organizations statewide and nationally.

KDHE's SVPE program also uses PHHSBG funds to support primary prevention in schools throughout the state. Evidence based curriculum has been chosen to reduce bullying, and provide skills for non-violent conflict resolution, self-management, and health relationships.

KDHE is continually seeking ways to increase capacity state wide for providing services and community level prevention strategies. Toward that end, PHHSBG block funds support ongoing training for members from MOCSA and the state health department as well as the Kansas Coalition Against Sexual and Domestic Violence (KCSDV). Members from each organization will attend the National Sexual Assault Conference (NSAC) in the summer of 2021. Information gleaned at NSAC will be shared broadly across the state with other rape crisis centers and community organizations working to respond to and prevent sexual violence in their communities.

The SVPE program relies on a robust network of state and local partners to support efforts to prevent sexual violence.

Internal:

- Bureau of Health Promotion

External:

- Kansas Coalition Against Sexual & Domestic Violence (KCSDV)
- Office of the Governor
- Metropolitan Organization to Counter Sexual Assault (MOCSA)
- Kansas State Department of Education
- KU Center for Community Health and Development (CCHD)
- Johnson County Department of Health and Environment
- Sexual Trauma Abuse Care Center of Douglas County
- LiveWell Finney County Community Health Coalition

- KU Sexual Assault Prevention and Education Center
- Kansas Sexual and Domestic Violence Primary Prevention Advisory Committee
- USD 261, Haysville Public Elementary and Middle Schools
- Meade Junior High
- Overland Trail Middle School
- Indian Hill Middle School
- Indian Trail Middle School
- Royal Valley Elementary School
- Trailridge Middle School

**Role of PHHSBG Funds:**

Block grant funds are used to increase the capacity to respond to sexual violence in Kansas with a priority given to primary prevention strategies.

**Evaluation Methodology:**

Data from the Kansas Attorney General's Office and the Kansas Bureau of Investigation will be used to evaluate progress toward the overall program goal of reducing rape and sexual assault of females aged 10 and older. Rape Prevention and Education program staff will compile and report data on progress.

**State Program Setting:**

State health department

**FTEs (Full Time Equivalent):**

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

**Total Number of Positions Funded: 0**

**Total FTEs Funded: 0.00**

**National Health Objective: HO IVP-40 Sexual Violence (Rape Prevention)**

**State Health Objective(s):**

Between 07/2011 and 09/2020, reduce the annual rate of rape or attempted rape of female persons ages 10 and older to less than .55 per 1,000 population.

Reduce the annual rate of rape or attempted rape to less than .55 per 1,000 population.

**Baseline:**

0.75 per 1,000 population for females 10 and older \*

0.46 per 1,000 population\*\*

## **Data Source:**

2018 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)

## **STATE HEALTH PROBLEM:**

### **Health Burden:**

The number of rapes reported to Kansas law enforcement increased 8.9 percent between 2017 and 2018 [1]. During 2018, approximately 16.0% of all reported rape offenders in Kansas were arrested, up from 13.2% that were reported as arrested for the same time period in 2017 [1]. This is a small portion of rape offenders when one considers that 81.2% of the offenders were known to the victim [1].

Sexual violence starts early. Nearly half (49.8%) of rapes in Kansas 2018 occurred among children and teenagers ages 19 years and younger, and of which 95.9% were female victims [1]. According to the 2017 Kansas Youth Risk Behavior Survey (KS YRBS), about 9.9% of Kansas high school students reported being physically forced to have sexual intercourse when they did not want to (6.7% for males, and 13.4% for females) [2]. The estimate increased 31.4% for female students from 10.2% to 13.4% from 2009 to 2019, and did not change for male students [2]. Based on the number of youth enrolled in Kansas public high schools during 2019, this translates into more than 14,187 Kansas youth, enough Kansas high school youth to fill more than 295 school buses (48 students per bus) [3].

Sexual violence causes significant harm to Kansans; to individuals, families, friends and communities; to workplaces and other organizations, and to public service agencies that must allocate funds combating these preventable crimes. The 2015 National Intimate Partner and Sexual Violence Survey estimates that more than 1 in 3 women (36.4%) and about 1 in 3 men (33.6%) have been the victim of rape, physical violence, and/ or stalking by an intimate partner in their lifetimes. This translates into approximately 405,118 Kansas women and 365,442 men [4,5].

Bullying has also been shown to have connections with sexual violence. According to Espelage, Basile and Hamburger, there is support for a bully-sexual violence pathway [6]. The authors explain that as those who engage in traditional bullying mature, they begin to engage in gender-based bullying and sexual harassment. Kansas had included strategies to address bullying with younger students to help stop this behavior before it matures into gender-based bullying and sexual harassment. Since there are strategies to address bullying, the KDHE SVPE program has included data related to student bullying in Kansas. According to the 2019 KS YRBS, in Kansas, 21.1% of high school students were bullied on school property in the previous year [2].

[1] 2018 Report on Domestic Violence and Rape Statistics in Kansas: As Reported by Law Enforcement Agencies

[2] 2019 Kansas Youth Risk Behavior Survey. Kansas State Department of Education.

[3] Kansas State Department of Education, School Finance Publications, 2018-2019 Headcount Enrollment (Public Schools). Retrieved from: <https://ipsr.ku.edu/ksdata/ksah/education/6ed1b.pdf>

[4] Smith, S.G., Zhang, X., Basile, K.C., Merrick, M.T., Wang, J., Kresnow, M., Chen, J. (2018). The National Intimate Partner and Sexual Violence Survey (NISVS): 2015 Data Brief – Updated Release. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

[5] Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties and Puerto Rico Commonwealth and Municipios: April 1, 2010 to July 1, 2017. Source: U.S. Census Bureau, Population Division. Release Date: June 2018.

[6] Espelage DL, Basile KC, Hamburger ME: Bullying perpetration and subsequent sexual violence perpetration among middle school students. Journal of Adolescent Health 2012;50(1):60-5. doi: 10.1016/j.jadohealth.2011.07.015. Epub 2011 Oct 26.

**Target Population:**

Number: 646,059  
Ethnicity: Hispanic, Non-Hispanic  
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White  
Age: 4 - 11 years, 12 - 19 years  
Gender: Female and Male  
Geography: Rural and Urban  
Primarily Low Income: No

**Disparate Population:**

Number: 646,059  
Ethnicity: Hispanic, Non-Hispanic  
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White  
Age: 4 - 11 years, 12 - 19 years  
Gender: Female and Male  
Geography: Rural and Urban  
Primarily Low Income: No  
Location: Entire state  
Target and Disparate Data Sources: Kansas Information for Communities (KIC)

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

Other: CDC Violence Prevention, STOP SV technical package, National Sexual Violence Resource Center

**Funds Allocated and Block Grant Role in Addressing this Health Objective:**

Total Current Year Funds Allocated to Health Objective: \$63,793  
Total Prior Year Funds Allocated to Health Objective: \$63,793  
Funds Allocated to Disparate Populations: \$33895  
Funds to Local Entities: \$38895  
Role of Block Grant Dollars: Supplemental Funding  
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:  
Less than 10% - Minimal source of funding

**OBJECTIVES – ANNUAL ACTIVITIES**

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

**Objective 1:**

**Provide support for implementation of SEL curriculum in school-based programs.**

Between 10/2020 and 09/2021, the KDHE SVPE Staff will provide support to **14** school-based programs that are implementing Committee for Children’s SEL and Bullying Prevention curriculum.

**Annual Activities:**

**1. Grants will be provided to school-based programs.**

Between 10/2020 and 9/2021, SVPE staff will provide grants to school-based programs that will allow schools to obtain the supplies, training and staffing necessary to expand the schools’ commitment to

Social Emotional Learning, Bullying Prevention and Trauma Informed Care at their site. Counselors and principals will work with the SVPE staff to identify needs. Individualizing resources will allow staff to maximize impact of standardized curriculum and strengthen counseling and SEL services. Providing individualized resources will allow counselors and principals to address specific needs at their site so bullying and other roots causes of Sexual Violence can be addressed.

## **2. Technical assistance and oversight will be provided to schools.**

Between 10/2020 and 9/2021, SVPE staff will provide ongoing technical assistance and oversight to school-based programs through

- Monthly calls
- Annual trainings
- Bi-Annual site visits
- Electronic communication.

Ongoing Technical Assistance will ensure that the Second Step program is implemented with fidelity. Ongoing Technical Assistance will allow staff to have support throughout implementation, reducing challenges and increasing buy-in.

### **Objective 2:**

#### **Provide support to Community Coalitions to Implement SVP strategies**

Between 10/2020 and 9/2021, SVPE staff will provide support to 1 community coalition to implement sexual violence primary prevention and education programming with an emphasis on community change strategies. Strategies will be chosen to influence risk and protective factors shared with sexual violence. PHHSBG funds will support measures that also aim to mitigate harm for those who have experienced sexual violence.

### **Annual Activities:**

#### **1. Provide funding for implementation of SVP strategies**

Between 10/2020 and 09/2021, SVPE staff will contract with the Metropolitan Organization to County Sexual Assault (MOCSA) to convene the Wyandotte County Violence Prevention Coalition. The coalition will continue to use a public health approach and an evidence-informed process to implement strategies that remove barriers that make accessing services and/or reporting offenses onerous. Strategies selected to mitigate harm and prevent future SV include:

- Develop and implement response and interventions for survivors of interpersonal violence and those at risk of perpetration of violence
- Support evidence-based violence prevention components (e.g. CPTED) through existing community-level strategies to promote walkability and safety.
- Evaluate and improve communication and relations between community and the justice system
- Collaborate with Unified Government Agencies to develop and implement violence prevention program, policies, and practices for employees.

#### **2. Provide enhanced evaluation of subgrantee project**

Between 10/2020 and 9/2021, SVPE Staff will contract with 1 evaluator to evaluate MOCSA's efforts. An annual evaluation report will be provided. The SVPE Program Manager and designated evaluator will review evaluation reports with funded subgrantee. The evaluation report will be reviewed with agency representatives annually to improve efficacy of efforts and maximize impact

### **Objective 3:**

#### **Provide funding to deliver services to victims of rape or sexual assault**

### **Annual Activities:**

#### **1. Provide funding to deliver services to victims of rape or sexual assault**

Between 10/2020 and 9/2021, The SVPE staff will contract with the Metropolitan Organization to County Sexual Assault (MOCSA) to provide services to victims of sexual assault or rape in Wyandotte County, Kansas. MOCSA provides 24-hour access to advocates and comprehensive services to navigate

immediate needs for medical, housing and daily living requirements needed because of rape or sexual assault.

**Objective 4:**

**Build Capacity to Provide Services and Prevention Education**

Between 10/2020 and 9/2021, SVPE staff will provide funding for 4 participants to attend the National Sexual Assault Conference (NSAC).

**Annual Activities:**

**1. Provide Funding to attend national conference**

Between 10/2020 and 09/2021, the KDHE SVPE Program Manager will provide funding for 2 representatives from MOCSA, 1 representative from the Kansas Coalition Against Sexual and Domestic Violence and 1 representative from KDHE to attend the National Sexual Assault Conference. Attendance at the conference will provide attendees with the best practices and innovations for primary prevention and victim services.

**State Program Title: Unintentional Injury Among Older Adults**

**State Program Strategy:**

KDHE's Bureau of Health Promotion provides leadership in the prevention of unintentional injuries in Kansas. KDHE serves as the license holder for Stepping On. Stepping On is a high-level, evidence-based program proven to reduce falls and build confidence in older people. There are currently six Master Trainers for Stepping On and more than 80 leaders have been trained in Kansas. Block grant investments support Master Trainers and Leaders to hold workshops in their communities. Workshop participants meet for two hours a week for seven weeks and cover topics such as exercise, balance, vision, medications, footwear and safety hazards.

**Primary Strategic Partnerships:**

The Injury & Violence Prevention Programs at KDHE have fostered a number of collaborative relationships and strategic partnerships both internally and externally. Those listed below represent a small fraction of the overall partnerships formed.

**Internal**

Kansas Trauma Program  
Community Clinical Linkage

**External**

Regional Trauma Councils  
Local Hospitals  
Local Health Departments  
EMS Agencies  
Senior Centers  
Home Health and Assisted Living  
Centers  
K-State Research & Extension

**Role of PHHSBG Funds:**

The PHHSBG provides "aid-to-local" grants to trained leaders to implement Stepping On.

**Evaluation Methodology:**

Data from the Kansas Hospital Association and KDHE's vital statistics will serve as the main sources of data to evaluate progress. In addition, feedback from leaders and participants in workshops will be collected and reviewed. Section staff will routinely compile data used to monitor and report progress.

**State Program Setting:**

Community based organization, Community health center, Home, Local health department, Senior residence or center, Other: Nursing home and Assisted Living Centers

**FTEs (Full Time Equivalents):**

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

**Total Number of Positions Funded: 0**

**Total FTEs Funded: 0.00**

**National Health Objective: HO IVP-23 Deaths from Falls**

**State Health Objective(s):**

Between 06/2019 and 09/2021, reduce the rate of deaths due to falls among adults age 65 and older to no more than 80.0 per 100,000 population.

**Baseline:**

79.6 fall-related deaths per 100,000 population in 2018 among adults age 65 and older.

**Data Source:**

2018 Vital Statistics Data, Bureau of Epidemiology and Public Health Informatics, KDHE.

**State Health Problem:****Health Burden:**

Unintentional falls among older adults are a leading cause of fatal and nonfatal injury in the U.S. and Kansas. Hospital costs associated with injuries sustained by falls account for a substantial share of health care dollars spent on injury-related care. In 2018, residents ages 65 and older account for 89.7% of all fall deaths and 75.8% of nonfatal fall hospitalizations in Kansas. In addition, falls are the leading cause of traumatic brain injury (TBI) in Kansas residents ages 65 and older, accounting for 66.3% of TBI deaths and 82.6% of TBI hospitalizations. About 45.0% of fall deaths and 14.4% of fall hospitalizations among older adults were associated with a TBI.

In 2018, 376 Kansas residents aged 65 and older died and over 27,899 fall injuries were treated at hospitals and emergency departments. The age-adjusted rate of fall deaths among older adults did not change from 2016 to 2018. Females had higher rates for nonfatal hospitalizations and ED visits than males. Persons aged 85 and older had the highest rates of fatal and nonfatal fall injuries. This age group had 15.7 times the rate of deaths due to falls than those aged 65-74.

The Behavioral Risk Factor Surveillance Survey (BRFSS), a statewide phone survey of community dwelling (i.e. non-institutionalized) Kansas adults, provides self-reported data on a variety of topics, including falls, fall-related injuries, and medical conditions. In 2018, approximately 124,426 Kansas adults aged 65 years and older had fallen. Of those who fell, 34.2% had a fall-related injury in the past 12 months.

**Target Population:**

Number: 448,372

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

**Disparate Population:**

Number: 448,372

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: Target and Disparate Data Sources: United States Census Bureau

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

Other: National Council on Aging

**Funds Allocated and Block Grant Role in Addressing this Health Objective:**

Total Current Year Funds Allocated to Health Objective: \$15,056

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0  
Funds to Local Entities: \$0  
Role of Block Grant Dollars: No other existing federal or state funds  
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:  
100% - Total source of funding

## **OBJECTIVES – ANNUAL ACTIVITIES**

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

### **Objective 1:**

#### **Develop Stepping On Leaders across Kansas**

Between 10/2020 and 09/2021, KDHE will increase by 10 the number of Stepping On Leaders trained in the state to implement evidence-based older adult falls prevention across the state.

### **Annual Activities**

#### **1. Training**

Between 10/2020 and 09/2021, KDHE will host 1 Stepping On Leader training.

### **Objective 2:**

#### **Provide aid-to-local funding to implement Stepping On workshops**

Between 10/2020 and 09/2021, the KDHE Injury Prevention Program will provide aid-to-local funding to 2 trained leaders to implement Stepping On workshops.

### **Annual Activities:**

#### **1. Provide mini-grants to implement Stepping On workshops**

Between 10/2020 and 09/2021, award and distribute a minimum of 2 mini-grants to trained Stepping On leaders to implement workshops in their communities.

### **Objective 3:**

#### **Assess the state status and improvement opportunities for Stepping On**

### **Annual Activities**

#### **1. Evaluate Program Activity**

Between 10/2020 and 09/2021, KDHE will collect annual activity reporting information from a minimum of 40 Stepping On Leaders to evaluate local older adult falls prevention efforts.

**State Program Title: Unintentional Injury Prevention Among Youth**

**State Program Strategy:**

KDHE's Bureau of Health Promotion provides leadership in the prevention of unintentional injuries in Kansas. KDHE serves as the lead agency for Safe Kids Kansas. Safe Kids Kansas is supported by over 70 statewide and regional organizations and businesses and 25 local coalitions dedicated to preventing unintentional injuries to Kansas children ages 0-19. Block grant investments support the coalition's efforts to implement state and local activities such as Safe Kids Day, car seat check lanes and inspections, the Safe Kids Cycle Smart Program, Safe Kids Walk This Way, and to provide technical assistance and leadership regarding best practices to prevent unintentional injury. As of 2017, approximately 72 percent of the child and adolescent population in Kansas was covered by a local Safe Kids coalition.

**Primary Strategic Partnerships:**

The Office of Injury Prevention & Disability Programs, KDHE, and Safe Kids Kansas have fostered a number of collaborative relationships and strategic partnerships both internally and externally. Those listed below represent a small fraction of the overall partnerships formed.

**Internal**

- Bureau of Family Health
- Bureau of Community Health Systems
- Kansas Trauma Program

**External**

- AAA Allied Group
- Kansas Association of Local Health Dept.
- Kansas Hospital Association
- **Kansas Department of Transportation**
- **Child Care Aware of Kansas**
- **KIDS Network of Kansas**
- **Ks Traffic Safety Resource Office**
- **Office of the State Fire Marshal**
- Office of the Governor
- University of Kansas Poison Control Center
- State Farm Insurance Companies
- Kansas EMS Association
- Kansas School Districts
- 

**Role of PHHSBG Funds:**

The PHHSBG funds 100% of the Safe Kids Kansas program and provides "aid-to-local" grants to local health departments and community organizations to implement unintentional injury prevention activities.

**Evaluation Methodology:**

Surveillance data from the Kansas Hospital Association, vital statistics and KDOT will serve as the main sources of data to evaluate progress. Injury Prevention section staff will routinely compile data used to monitor and report progress. CDC WISQARS data will also be used.

**State Program Setting:**

Business, corporation or industry, Child care center, Community based organization, Community health center, Home, Local health department, Parks or playgrounds, Schools or school district, State health department, University or college

**FTEs (Full Time Equivalent):**

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

**Position Name:** Ryan Lester  
**Position Title:** Director, Bureau of Health Promotion  
State-Level: 20% Local: 0% Other: 0% Total: 20%  
**Position Name:** Jamie Medaris  
**Position Title:** Assistant Administrator  
State-Level: 16% Local: 0% Other: 0% Total: 16%  
**Position Name:** Julie Sergeant  
**Position Title:** Population Health Specialist  
State-Level: 5% Local: 0% Other: 0% Total: 5%  
**Position Name:** Philip Harris  
**Position Title:** Communications Coordinator  
State-Level: 15% Local: 0% Other: 0% Total: 15%  
**Position Name:** Cherie Sage  
**Position Title:** Manager, Safe Kids Kansas  
State-Level: 90% Local: 10% Other: 0% Total: 100%  
**Position Name:** Ashlee Barkley  
**Position Title:** Coordinator, Safe Kids Kansas  
State-Level: 35% Local: 30% Other: 0% Total: 65%  
**Position Name:** Yiden Pei  
**Position Title:** Injury Advanced Epidemiologist  
State-Level: 20% Local: 0% Other: 0% Total: 20%  
**Position Name:** Daina Zolck  
**Position Title:** Program Director  
State-Level: 10% Local: 0% Other: 0% Total: 10%  
**Position Name:** Lisa Duncan-Edes  
**Position Title:** Public Service Administrator  
State-Level: 2% Local: 0% Other: 0% Total: 2%  
**Position Name:** Magen Salley  
**Position Title:** Fiscal Analyst  
State-Level: 3% Local: 0% Other: 0% Total: 3%

**Total Number of Positions Funded:** 11

**Total FTEs Funded:** 2.56

### **National Health Objective: HO IVP-11 Unintentional Injury Deaths**

#### **State Health Objective(s):**

Between 06/2011 and 09/2020, reduce the rate of deaths due to unintentional injury to no more than 36.0 per 100,000 population.

Reduce the rate of deaths due to unintentional injury of persons aged 0-19 to no more than 9.5 per 100,000 population.

#### **Baseline:**

48.0 unintentional injury deaths per 100,000 population in 2017 (age-adjusted rate in overall population)

11.6 unintentional injury deaths per 100,000 population in 2017 among 0-19 years old

#### **Data Source:**

Source: 2017 Kansas Vital Statistics, Bureau of Epidemiology and Public Health Informatics, KDHE.

## **State Health Problem:**

### **Health Burden:**

In 2017, unintentional injuries were the leading cause of death for Kansans aged 15-24 [1]. About 68% (n=1,527) of all injury deaths were unintentional in manner. Kansas mortality data shows that age is a significant factor for unintentional injury deaths. In 2017, among Kansas children, unintentional injuries accounted for 54.1% (n=92) of all injury deaths among children ages 0-19 years [1].

#### **Youth (0-19 years):**

In 2017, near half (47.8%) of youth (0-19yrs) unintentional injury deaths occurred in the age group 15-19, with the death rate 22.0 per 100,000 persons (95%CI:15.5, 28.5). About 15.2% of youth unintentional injury deaths occurred among infants under 1 year old, followed by children ages 1-4 years (14.1%), 10-14 years (14.1%), and 5-9 years (8.7%) [1].

#### **Cause:**

In 2017, motor vehicle traffic (MVT) injuries were the leading cause of unintentional injury deaths (n=43, 46.7%) among children ages 0-19 years, followed by deaths due to suffocation (n=16, 17.4%), and deaths due to drowning (n=10, 10.9%) [1]. More than half (n=11, 68.8%) of the MVT fatalities with specified accident information were vehicle occupants [1].

#### **Cost Burden of Unintentional Injuries in Kansas:**

The estimated average medical and work lost costs in 2017 due to unintentional injury deaths in Kansas were \$1.66 billion U.S. dollars (Costs expressed in 2017 U.S. dollars) [2].

[1] 2017 Kansas Vital Statistics, Bureau of Epidemiology and Public Health Informatics, KDHE.

[2] Costs were calculated using the CDC's WISQARS Cost Module application which provides cost estimates for medical and work loss for injury-related deaths. <http://www.cdc.gov/injury/wisqars/>. Data source: 2017 Kansas Vital Statistics for number of deaths, Pacific Institute for Research and Evaluation (PIRE), Calverton, MD for unit cost estimates.

### **Target Population:**

Number: 750,000

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

### **Disparate Population:**

Number: 325,000

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: Source: 2013 Kansas Vital Statistics, Bureau of Epidemiology and Public Health Informatics, KDHE. ICD-10 Codes: V01-X59, Y85-Y86. Suicide definition: ICD10: U03, X60-X84, Y87.0

## **Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

Other: Safe States Alliance Recommendations

### **Funds Allocated and Block Grant Role in Addressing this Health Objective:**

Total Current Year Funds Allocated to Health Objective: \$200,906

Total Prior Year Funds Allocated to Health Objective: \$218,591

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$60,000

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

10-49% - Partial source of funding

## **OBJECTIVES – ANNUAL ACTIVITIES**

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

### **Objective 1:**

#### **Awareness of Injury as a Public Health Concern**

Between 10/2020 and 09/2021, the KDHE Injury Prevention Program will distribute public awareness and prevention education through press releases, social media, data fact sheets, presentations, and local, regional and statewide collaborations to **at least 30** Kansas communities.

### **Annual Activities:**

#### **1. Promote Awareness of Injury as a Public Health Issue**

Between 10/2020 and 09/2021, Safe Kids Kansas will maintain 3 social media platforms to share prevention messaging and programs with target audiences of parents, caregivers and children. Safe Kids Kansas will maintain a public organization page on Facebook®, Twitter and Instagram to more effectively reach our target audiences.

#### **2. Collaborate with Regional Trauma Councils**

Between 10/2020 and 09/2021, collaborate and share with all 6 Regional Trauma Councils to increase awareness of injury prevention data and programs and identify opportunities for partnership.

#### **3. Present at State and Local Conferences and Community Meetings**

Between 10/2020 and 09/2021, present at a minimum of 6 local conferences and community meetings on unintentional injury prevention topics.

### **Objective 2:**

#### **Safe Kids Kansas Partnerships**

Between 10/2020 and 09/2021, Safe Kids Kansas will identify **10** state and community partners to collaborate with in strengthening the organization's injury prevention programmatic outreach efforts.

### **Annual Activities:**

#### **1. Partner the Kansas Department of Transportation to increase proper child safety seat usage**

Between 10/2020 and 09/2021, partner with KDOT's Bureau of Traffic Safety to support efforts to increase proper child safety seat and youth occupant seat belt usage rates. Safe Kids Kansas will support child safety seat inspection stations and community car seat checkup events hosted by local Safe Kids coalitions across Kansas and will provide support to a minimum of three training opportunities to certify additional Child Passenger Safety Technicians so more Kansas families will have access to appropriate car seats and receive education on how to use and install them properly in motor vehicles.

#### **2. Convene Injury Prevention Priority Committees**

Between 10/2020 and 09/2021, convene multiple state and local partners to participate in a minimum of 4

injury prevention priority committees to coordinate efforts and collaboratively develop public information, resources, and programs to impact leading causes of death and injury to Kansas children.

### **3. Convene State and Local Partners to Host Safe Kids Day**

Between 10/2020 and 09/2021, convene a minimum of 15 state and local partners to participate in Safe Kids Day, an event to provide awareness and resources to families about injury prevention and child health and wellness. The event will be held at the Topeka Zoo, and include activities and presentations to educate parents and children on a variety of injury prevention topics in a fun learning environment.

### **4. Support child passenger safety for children with special health care needs**

Between 10/2020 and 09/2021, Injury prevention staff will work with state and community level partners to identify a minimum of 3 families who have children with special health care needs and require a specialty child safety seat to provide proper occupant protection in a motor vehicle. Child safety seats meeting each child's specific needs will be provided and will be fitted by a Special Needs trained Certified Child Passenger Safety Technician who will train the family on proper installation and use. Car seats will be purchased using leveraged funding from our partner, the Kansas Department of Transportation.

#### **Objective 3:**

##### **Support Community Level Injury Prevention Work**

Between 10/2020 and 09/2021, KDHE will provide injury prevention mini-grants and support to **at least 8 Kansas communities** in implementation of evidence-based strategies for injury prevention.

#### **Annual Activities:**

##### **1. Distribute Community Mini-Grants**

Between 10/2020 and 09/2021, award and distribute a minimum of 8 mini-grants to Kansas communities to implement unintentional injury prevention programs. Total funding awarded is dependent upon the number of strong applications received, but the total awarded will range approximately between \$45,000 and \$65,000.

##### **2. Support community level injury prevention programs addressing bicycle safety**

Between 10/2020 and 09/2021, Helmet grants will be provided to a minimum of 15 unique communities in Kansas to support bicycle safety and injury prevention. Each community will receive 50 bicycle helmets and will provide proper fitting at the point of distribution. Funding to purchase helmets will be through leveraged funding from our partners, the Kansas Dept of Transportation and State Farm.

#### **Objective 4:**

##### **Support of the Safe Kids Network across Kansas**

Between 10/2020 and 09/2021, Safe Kids Kansas will provide support including awareness, education opportunities, technical assistance and provision of materials and supplies to support injury prevention programs at the community level to a minimum of **26** local coalitions.

#### **Annual Activities:**

##### **1. Provide Technical Assistance to Local Coalitions**

Between 10/2020 and 09/2021, Safe Kids Kansas will provide bi-monthly conference calls for local coalitions with a focus on awareness of injury risk areas, evidence-based and evidence informed interventions, programs and resources, funding opportunities, and coalition building and coordination, with an opportunity to share successes and network with other coalition coordinators. This will help give coalitions the information needed to effectively implement evidence-based programs, build coalitions and secure funding for local injury prevention efforts.

##### **2. Provide materials and supplies to support injury prevention programs**

Between 10/2020 and 09/2021, Safe Kids Kansas will provide materials and supplies to local Safe Kids coalitions to support programs addressing injury risk areas such as child passenger safety, bicycle safety and safe sleep. Items such as car seats, bike helmets and portable cribs will be provided through leveraged funding from partners such as the Kansas Department of Transportation, State Farm Insurance, and Prairie Band Potawatomi Nation.

