

KANSAS

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ASSESSMENT AND
IMPROVEMENT
PLAN

December 2019
Progress Report



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Executive Summary

The mission of the Kansas Department of Health and Environment (KDHE) is to protect and improve the health and environment of all Kansans. In the state of Kansas, one initiative to fulfill this mission is a coordinated project titled Healthy Kansans 2020. Healthy Kansans 2020 is a collaborative, strategic planning effort aimed at identifying and adopting health priorities that will improve the health of all Kansans. Developed in 2014, Healthy Kansans 2020 was built on the comprehensive, nationwide health promotion and disease prevention agenda, Healthy People 2020, to establish state-specific measures and initiatives.

With the recent release of Healthy People 2030, KDHE is preparing to engage Kansans in a new collaborative process to identify and address the current leading health challenges in our state. The resulting state health assessment (SHA) and state health improvement plan (SHIP) will be informed by the national Healthy People framework and will be known as Healthy Kansans 2030.

This report serves as a summary of progress recorded from Health Kansans 2020, and includes collaborator input on the feasibility and effectiveness of the strategies. It also includes lessons learned that could inform Healthy Kansans 2030.

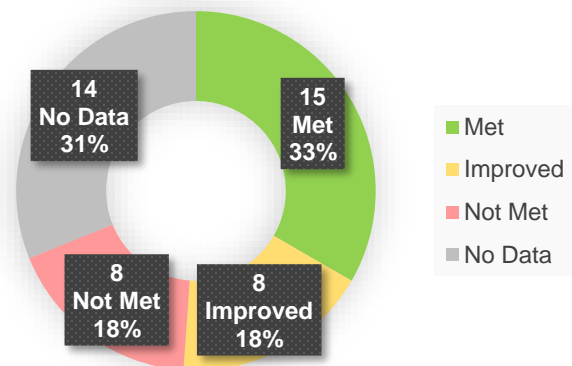
Healthy Kansans 2020 Progress Summary

In the fall of 2019, KDHE reached out to the collaborators from Healthy Kansans 2020 and asked for updated data related to the plan's progress. Of the 45 measurable indicators of progress towards the goals and objectives related to Healthy Kansans 2020, 15 targets were met, and 8 targets were not met. For 14 indicators, either baseline or current data was not available.

Key Lessons Learned

- Several indicators that lacked adequate baseline data were later established, demonstrating capacity growth. Future efforts need to include clear expectations as to who will be responsible for measurement and reporting.
- Engagement of (key stakeholders, agency leadership, responsible parties, etc) in the implementation and reporting phases of the plan must be maintained to ensure work is aligned to identified priorities and measures remain relevant.
- KDHE increased capacity to address social determinants of health and health equity in Kansas, but there is a need for an overarching, routine assessment of this progress.

Healthy Kansans 2020 Progress, December 2019



Acknowledgements

Following is a list of organizations, programs and advisory groups that were actively involved in the implementation of Healthy Kansans from 2014 to 2019. While the Kansas Department of Health and Environment served as the coordinator for the document, the accomplishments, goals, objectives and strategies were solely due to the efforts of these groups. Their participation is sincerely appreciated.

Partner Organizations

Blue Cross and Blue Shield of Kansas
Kansas Academy of Family Physicians
Kansas African-American Affairs
Commission
Kansas Association of Local Health
Departments
Kansas Association of School Boards
Kansas Commission on Disability Concerns
Kansas Dental Association
Kansas Department for Aging and Disability
Services
Kansas Department for Children and Family
Services
Kansas Department of Agriculture
Kansas Department of Commerce
Kansas Department of Corrections
Kansas Department of Transportation
Kansas Health Care Association
Kansas Health Foundation
Kansas Health Information Network
Kansas Health Institute
Kansas Hispanic & Latino American Affairs
Commission
Kansas Hospital Association
Kansas House of Representatives

Kansas Housing Resources Corporation
Kansas Insurance Department
Kansas Medical Society
Kansas Native American Affairs Office
Kansas Public Health Association
Kansas Recreation & Parks Association
Kansas Rural Center
Kansas Senate
Kansas State Department of Education
Morton County Health System
Norton County Health Department
Public Square Communities, Inc.
REACH Healthcare Foundation
SAFE Kids Kansas
Sedgwick County Board of Commissioners
Sedgwick County Health Department
Sunflower Foundation
United Methodist Health Ministry Fund
University of Kansas Cancer Center
University of Kansas School of Medicine-
Kansas City
University of Kansas School of Medicine-
Wichita

Introduction

Since its release in 1980, Healthy People has proven an invaluable resource and tool for national, state and local partners working to improve the health of their communities. Healthy Kansans (HK) 2020 was built upon a statewide health assessment and Healthy People 2020 themes and priorities. The plan, developed in 2014, describes Kansas health assets and resources and evidence-based strategies to guide goals, objectives and activities across the state. It is intended to be a road map to improve health across the state; the collectively defined means and end to achieving measurable outcomes and targets for health outcomes that will have the greatest positive impact on Kansans in 2020. For more information on the Healthy Kansans 2020 process, or to see the full plan, please visit: www.healthykansans2020.com/KHAIP.shtml.

HK 2020 Themes and Priorities

The HK 2020 Steering Committee identified three cross-cutting themes -- Healthy Living, Healthy Communities and Access to Services. Healthy Living is focused on equipping Kansans to take an active role in improving their own health and supporting their families and friends in making healthy choices. Healthy Communities speaks to community members and their institutions working together to positively impact the natural as well as human-formed conditions that influence health and/or risk for injury. The Access to Services theme addresses Kansans' access to information and health and social services that can help them achieve better if not the best health outcomes possible. A description of each of the priority strategies is listed on the next page.

Implementation

The implementation of HK 2020 activities relies on the contributions of numerous state, regional, and local partners. Suggested activities for implementation were included throughout the original plan. In 2015, an evaluation plan was developed to support efforts to measure the effectiveness of its strategies implemented to improve the health status of the Kansans, to demonstrate accountability to stakeholders, to share lessons learned among partners and, ultimately, to ensure sustainability of efforts beyond the lifespan of the plan. The evaluation plan outlines the evaluation methodology and includes outcome/impact evaluation questions, performance indicators that will be measured to evaluate these outcomes, data sources to collect information on the performance measures, analytical methods and timeframes. A mid-course evaluation was conducted in 2017 to check progress. The tables included in this document are aligned with the evaluation plan and aim to provide answers to the evaluation questions outlined by the plan.

2019 Update

As we enter a new decade, our state is preparing to engage diverse stakeholders from the public, private, and nonprofit sectors across the state in an updated planning process to develop Healthy Kansans 2030. This report serves as a summary of the progress made on Healthy People 2020 priorities and indicators up to 2019. Following each indicator table is a brief narrative of the lessons learned and suggestions for future efforts to be considered during the new planning process.

HK 2020 Priority Strategies

Priority Strategy One

Healthy Living - Promote healthy eating and physical activity in Kansas. This will be accomplished through increased access to farmer's markets and community gardens and through food policy councils and a growing network of schools, worksites and early childhood care providers.

Priority Strategy Two

Healthy Living - Promote a comprehensive approach to tobacco use prevention and control to reduce initiation and provide support for Kansans trying to quit tobacco. This will be accomplished through cessation interventions, including promotion and use of the Kansas Tobacco Quitline.

Priority Strategy Three

Healthy Communities - Promote environments and community design that impact health and support healthy behaviors. This will be accomplished through implementation of best practices such as roadways designed to accommodate all users, access to trails connecting business and residential areas, initiatives to ensure clean air (indoor and outdoor), safe housing, access to quality drinking water and community driven recycling.

Priority Strategy Four

Access to Services - Address the root causes of poor health. This will be accomplished through a renewed focus on improving health literacy, and by establishing more direct links between initiatives focused on health and on decreasing the number of Kansans living in and impacted by poverty.

Priority Strategy Five

Access to Services - Promote integrated health care delivery. This will be accomplished by encouraging providers to move toward integrative models of care, and increasing health care access through the use of telemedicine. This will include expanding the number of providers who adopt electronic health records (EHR) systems and connecting to and using a health information exchange.

Priority Cross-Cutting Strategy Six

Train and Equip the Public Health Workforce – To address all three themes, the following cross-cutting strategy was developed. Strengthen public health workforce training in Kansas to develop a public health workforce that is well-prepared, adequate in number and distributed according to the needs of both rural and urban Kansans.

Healthy Kansans 2020 Priority Goals and Objectives

Strategy 1: Promote Physical Activity and Healthy Eating

Goal 1.1: Increase Access to Healthy Foods

Objective 1.1.1: Increase Local Food Sourcing

Objective 1.1.2: Increase Implementation of “Modeling Level” Nutrition Policy in Schools

Objective 1.1.3: Implement Nutrition Policy Change in Worksites and Early Childcare Settings

Objective 1.1.4: Reduce Infections Caused by Key Pathogens Transmitted Through Food

Goal 1.2: Increase Opportunities for Physical Activity

Objective 1.2.1: Increase Implementation of “Modeling Level” Physical Activity Policy in Schools

Objective 1.2.3: Implement Physical Activity Policy Change in Worksites and Early Childcare Settings

Strategy 2: Promote Prevention and Control of Tobacco Use

Goal 2.1: Implement a Comprehensive State Tobacco Control Program at the Local and Regional Levels

Objective 2.1.1: Prevent Initiation of Tobacco Use Among Young People

Objective 2.1.2: Protect Kansans from Exposure to Secondhand Smoke

Objective 2.1.3: Promote and Facilitate Tobacco Use Cessation

Objective 2.1.4: Implement Tobacco Surveillance and Evaluation Activities

Strategy 3: Promote Healthy Environments and Community Design to Support Healthy Behaviors

Goal 3.1: Promote Healthy Environments

Objective 3.1.1: Increase the Number of Communities Meeting Environmental Performance Measures

Goal 3.2: Promote Community Design to Support Healthy Behaviors

Objective 3.2.1: Increase the Number of Communities Adopting Healthy Community Design Principles

Strategy 4: Address the Root Causes of Poor Health

Goal 4.1: Improve Public Capacity to Make Informed and Appropriate Health Care Decisions

Objective 4.1.1: Increase Healthy Literacy Among Kansans

Goal 4.2: Reduce Poverty

Objective 4.2.1: Integrate Public Health Planning Efforts to Reduce Poverty

Strategy 5: Promote Integrated Health Care Delivery: Medical Care, Behavioral Health, and Social Services

Goal 5.1: Promote Integrated Health Care Delivery

Objective 5.1.1: Increase Number of Providers Who Adopt Integrated Models of Care

Goal 5.2: Increase Access to Health Care

Objective 5.2.1: Increase the Number of Kansans Who Have Access to Quality Health Care

Objective 5.2.2: Increase the Number of Providers who use Telehealth, Telemedicine, and Tele-monitoring

Goal 5.3: Increase Use of Electronic Health Records and Health Information Exchanges

Objective 5.3.1: Increase the Number of Providers that Adopt EHRs and Connect to a Health Information Exchange

Cross-Cutting Strategy 6: Train and Equip the Public Health Workforce

Goal 6.1: A Public Health Workforce that is Well-Prepared, Adequate in Number, and Distributed According to the Needs of Both Rural and Urban Kansans

Objective 6.1.1: Strengthen Public Health Workforce Training in Kansas

HK 2020 Progress and Outcome Indicators

Following is a summary of progress made since KDHE’s mid-course review in 2016. While the table below reflects indicator status of met, not met, or no data, the narrative describes areas of improvement and accomplishment, and lessons learned during the process.

Key to performance measure status in this report:			
Target Met	Improved (from baseline)	Not Met	No Data/New Data
The current value has met the established target	The current value is an improvement from the previous value.	The current value does not demonstrate progress from the previous value.	There was no measurement for this objective. -or- The current value is a first-time measurement.

Strategy 1: Promote Physical Activity and Healthy Eating					
Goal 1.1: Increase Access to Healthy Foods					
Objective 1.1.1: Increase Local Food Sourcing					
Indicators	Baseline (Date)	Mid-Course Review	Current	Target (2020)	Status
Number of farmers’ markets per 100,000 state residents.	3.4 (2012)	4.3 (2016)	5 (2018)	5	Met
Number of state & local food policy councils.	0 state, 1 local (2011)	-	3 (2017)	40	Not Met
% of KS middle & high schools that planted a school fruit/vegetable garden.	13% (2012)	16.5% (2016)	-	22%	Improved
Objective 1.1.2: Increase Implementation of “Modeling Level” Nutrition Policy in Schools					
Number of public & private school districts that achieve “modeling level” for at least 1 component of the 6 nutrition wellness guidelines categories.	TBD	-	110 (2018)	150	New Data
Number of public & private school districts that achieve “modeling level” for at least 1 of the 3 nutrition promotion, nutrition education & integrated school wellness guidelines categories.	TBD	-	140 (2018)	150	New Data

Data Sources and Notes on Indicators:

Increase Local Food Sourcing: USDA Farmers Market Directory; KDHE Farmers Market Database, 2016, 2018; Johns Hopkins Bloomberg Sch. Of Public Health, Food Policy Network, Food Policy Council Directory; KS School Health Profiles (SHPs).

HK 2020 Progress and Outcome Indicators

Strategy 1: Promote Physical Activity and Healthy Eating					
Goal 1.1: Increase Access to Healthy Foods (Continued)					
Objective 1.1.3: Implement Nutrition Policy Change in Worksites and Early Childcare Settings					
Indicators	Baseline (Date)	Mid-Course Review	Current	Target (2020)	Status
Number of worksites that develop and/or adopt healthy food as part of their food service guidelines in cafeteria, vending and/or snack bars.	10 (2013)	138 (2016)	178 (2018)	60	Met
Percentage of early childcare providers that have developed written policies on child nutrition.	TBD	28.10% (2017)	41.70% (2018)	20%	Met
Objective 1.1.4: Reduce Infections Caused by Key Pathogens Transmitted Through Food					
Number of establishments that have a fulltime certified food protection manager on staff.	TBD	TBD	TBD	TBD	No Data
Number of local jurisdictions that require food establishments to have a fulltime certified food protection manager on staff.	TBD	TBD	TBD	TBD	No Data
Incidence of Shigatoxin Escherichia coli (STEC); Incidence of infections caused by Salmonella.	STEC: 3.1 per 100,000 (2014) Salmonella: 14.7 per 100,000 (2014)	STEC: 5.09 per 100,000 (2016) Salmonella: 15.89 per 100,000 (2016)	-	STEC: 0.6 per 100,000 Salmonella: 11.4 per 100,000	Not Met

Data Sources and Notes on Indicators:

Implement Nutrition Policy Change in Worksites and Early Childcare Settings: 2013 Work Well Kansas Assessment; Work Well Kansas (WWKS) Phase I/WWKS Phase II Food & Beverage Follow-Up; Child Care Aware of Kansas -Nutrition and Physical Activity Self-Assessment for Child Care (NAPSACC).

Reduce Infections Caused by Key Pathogens Transmitted Through Food: Kansas Department of Agriculture, Division of Food Safety & Lodging; Kansas Department of Health and Environment, Infectious Disease Surveillance.

HK 2020 Progress and Outcome Indicators

Strategy 1: Promote Physical Activity and Healthy Eating					
Goal 1.2: Increase Opportunities for Physical Activity					
Objective 1.2.1: Increase Implementation of “Modeling Level” Physical Activity Policy in Schools					
Indicators	Baseline (Date)	Mid-Course Review	Current	Target (2020)	Status
Number of public & private school districts that achieve the “modeling level” for a minimum of at least 1 of each of the 5 physical activity wellness guidelines categories.	TBD	-	108 (2018)	150	New Data
Objective 1.2.3: Implement Physical Activity Policy Change in Worksites and Early Childcare Settings					
Percentage of early childcare providers that have developed written policies on physical activity.	TBD	19%	28%	20%	Met
Number of worksites that implement strategies to increase physical activity.	59 (2013)	169 (2016)	210 (2018)	250	Improved

Data Sources and Notes on Indicators:

Increase Implementation of “Modeling Level” Physical Activity Policy in Schools: KSDE School Wellness Policy Tracker 2017-2018 school year.

Implement Physical Activity Policy Change in Worksites and Early Childcare Settings: Child Care Aware of Kansas -Nutrition and Physical Activity Self-Assessment for Child Care (NAPSACC); 2013 Work Well Kansas Assessment; Work Well Kansas (WWKS) Phase I/WWKS Phase II Food & Beverage Follow-Up.

Priority Strategy One: Promote Healthy Eating and Physical Activity



The priority strategy to promote healthy eating and physical activity focuses on lifestyle behaviors related to nutrition and physical activity across multiple settings. The settings targeted by these objectives include worksites, early childcare providers and school districts. One objective addresses community environments through farmer's markets and one objective addresses policy through state and local food policy councils. One worksite objective, to adopt healthy food guidelines in

their cafeterias, vending areas and snack bars, was met with the number of worksites with these guidelines increasing from 10 in 2013 to 178 by 2018, far surpassing the target of 60 worksites (2013 Work Well Kansas Assessment; 2018 Work Well Kansas (WWKS) Phase I/WWKS Phase II Food & Beverage Follow-Up). However, the worksite objective to implement strategies to increase physical activity in 150 worksites was not met, although the number of worksites that did implement physical activity strategies increased from 59 in 2013 to 210 in 2018 (2013 Work Well Kansas Assessment; 2018 Work Well Kansas (WWKS) Phase I/WWKS Phase II Food & Beverage Follow-Up).

The two objectives to increase the percentage of early childcare providers that developed written policies on child nutrition and on physical activity both exceeded the target of 20%, reaching 41.7% and 28%, respectively (Child Care Aware of Kansas -Nutrition and Physical Activity Self-Assessment for Child Care (NAPSACC)). The four objectives that addressed nutrition and physical activity within school settings were not met yet showed progress. The number of farmer's markets increased from 3.4 per 100,000 state residents to the target of 5 per 100,000 (2012 USDA Farmers Market Directory; 2018 KDHE Farmers Market Database). The Physical Activity and Nutrition Program attributes this success, in part, to a Food Insecurity Nutrition Incentive (FINI) grant held by Mid-America Regional Council that allowed eligible markets to double SNAP dollars used at farmers markets, widespread use of the Senior Farmer's Market Nutrition Program, and programs/regional meetings (hosted by From the Land of Kansas and other community organizations) designed to grow growers and increase specialty crop farmers in Kansas. The objective to increase the number of state and local food policy councils to 40 was not met, with 18 active councils in 2018 according to the Food Policy Council Directory available through the Food Policy Network at Johns Hopkins Bloomberg School of Public Health. However, the Physical Activity and Nutrition Program learned that not all of the local food policy councils reported to the Food Policy Council Directory. Alternative data sources may be used in the future.

HK 2020 Progress and Outcome Indicators

Strategy 2: Promote Prevention and Control of Tobacco Use					
Goal 2.1: Implement a Comprehensive State Tobacco Control Program at the Local and Regional Levels					
Objective 2.1.1: Prevent Initiation of Tobacco Use Among Young People					
Indicators	Baseline (Date)	Mid-Course Review	Current	Target (2020)	Status
Percentage of schools that prohibit all tobacco use at all times in all locations.	48% (2012)	46.2% (2016)	-	75%	Not Met
Percentage of high school students that smoked a whole cigarette for the first time before age 13.	9.7% (2011)	8.9% (2017)	-	7%	Improved
Percentage of high school students that have ever tried smoking a cigarette, even one or two puffs.	41.3% (2011)	26.5% (2017)	-	20%	Improved
Objective 2.1.2: Protect Kansans from Exposure to Secondhand Smoke					
Proportion of population covered by laws that protect Kansans from secondhand smoke in public places.	100% (2010)	100% (2016)	100% (2018)	100%	Met
Number of CDRR grantees pursuing expanded smoke free housing in their jurisdiction.	1 (2011)	11 (2017)	5 (2019)	5	Met
Objective 2.1.3: Promote and Facilitate Tobacco Use Cessation					
Percentage of Kansas adult smokers that quit smoking cigarettes for one day or longer because they were trying to quit smoking.	55.5% (2011)	55.4% (2016)	57.1% (2017)	65%	Improved
Number of Kansas Tobacco Quitline registrations by tobacco users who heard about the Quitline from a health care provider.	713 (2011)	617 (2016)	554 (2018)	1,500	Not Met
Objective 2.1.4: Implement Tobacco Surveillance and Evaluation Activities					
Amount of tobacco control funding for implementing strategies from CDC's Best Practices for Tobacco Control.	\$1 Million (2011)	\$946,671 (2017)	\$1,001,960 (2019)	>\$1million	Met
Surveillance instruments supported by KDHE that assess statewide population tobacco and nicotine use behavior.	4 Systems (2011)	-	9 Systems (2019)	=/>4 Systems	Met

Data Sources and Notes on Indicators:

Prevent Initiation of Tobacco Use Among Young People: KS School Health Profiles (SHPs); KS YRBS.

Protect Kansans from Exposure to Secondhand Smoke: Kansas Indoor Clean Air Act; CDRR Grant Reporting.

Promote and Facilitate Tobacco Use Cessation: KS BRFSS; Optum QEE.

Implement Tobacco Surveillance and Evaluation Activities: State of Kansas budget; KDHE systems: KS BRFSS, KS YRBS, KS Birth Records; KS PRAMS; KS Death Records; KS Hospital Discharge Records, ESSENCE, Quitline, and Medicaid.

Priority Strategy Two: Promote Prevention and Control of Tobacco Use



The priority strategy category to promote prevention and control of tobacco use contains four objectives which were met and five objectives which were not met. The four objectives that were met included an increase in the number of CDRR grantees pursuing expanded smoke-free housing in their jurisdiction from one in 2011 to five in 2019 (CDRR grant program records); maintenance of the indoor air law that protects Kansans from secondhand smoke in public places; an

increase in the use of the surveillance instruments supported by KDHE that assess statewide population tobacco and nicotine use behavior from 4 in 2011 to 6 in 2019 (KDHE program records), and state tobacco control funding met the target of increasing to >\$1 million. Achieving the objective related to smoke-free housing was facilitated by a HUD-mandate that all public housing authorities be smoke-free by July 31, 2018. Several CDRR grantees partnered with local housing authorities to help with implementation of this policy. Surveillance systems supported by KDHE that provide state-level population-based tobacco and nicotine use behavior data include BRFSS, YRBS, birth records, death records, and PRAMS. In addition, service use data sources that provide valuable data include Hospital Discharge Records, ESSENCE, Quitline, and Medicaid. By SFY2018 and SFY2019 state tobacco funding for implementing strategies from CDC's Best Practices for Tobacco Control had decreased to \$847,041. However, in FY20, state tobacco funding increased to \$1,001,960 which met the target of increasing funding to >\$1 million.

The percentage of Kansas adult smokers who quit smoking cigarettes for one day or longer because they were trying to quit smoking remained fairly stable and did not reach the target of 65%. This follows the historic pattern of the percentage of adult Kansas smokers remaining stable from 2011 - 2018. Progress on the objective to increase the number of Kansas Tobacco Quitline registrations by tobacco users who heard about the Quitline from a health care provider actually moved away from the target of 1,500 registrations. In 2011 there were 713 registrations and registrations decreased each year to 554 in 2017. Some providers reported that they do not receive outcome reports from the State of Kansas Quitline vendor, and they chose to refer their patients to other cessation programs. In addition, youth prefer interactive texting cessation programs not available through the state Quitline vendor. The percent of schools that prohibit all tobacco use at all times in all locations increased to 53.8% in 2018 from the 2012 baseline of 48% but did not reach the 75% target (School Health Profiles, Principal's Report).

HK 2020 Progress and Outcome Indicators

Strategy 3: Promote Healthy Environments and Community Design to Support Healthy Behaviors					
Goal 3.1: Promote Healthy Environments					
Objective 3.1.1: Increase the Number of Communities Meeting Environmental Performance Measures					
Indicators	Baseline (Date)	Mid-Course Review	Current	Target (2020)	Status
Incidence of confirmed elevated blood lead levels among children born in the same year & tested before age 3.	6.3/1,000 (2008 Cohort)	-	-	3.2/1,000	No Data
Number of public water supplies that do not exceed maximum contaminant level (MCL) set by EPA for arsenic, uranium & nitrate.	75% (2013)	96.7% (2016)	-	Increase 10% from baseline	Met
Percentage of KS homeowners who report that they have installed a mitigation system in their home as a result of radon levels being at or above 4 pCi/L.	77.8%* (2013)	-	TBD	90%	No Data
Percentage of KS adults aware of radon.	73.8%** (2013)	-	TBD	90%	No Data
Tons of municipal solid waste recycled.	1,012,200 tons (2011)	-	983,910 tons (2019)	1,113,420 tons	Not Met
Per capita municipal solid waste disposal rate.	4.3lbs/person/day (2011)	-	4.44lbs./person/day (2019)	3.87 lbs./person/day	Not Met
Goal 3.2: Promote Community Design to Support Healthy Behaviors					
Objective 3.2.1: Increase the Number of Communities Adopting Healthy Community Design Principles					
Percentage of the population covered by a Complete Streets policy or resolution.	33% (i.e., 957,417 population, 2013)	-	49% (2018)	53%	Improved

Data Sources and Notes on Indicators:

Increase the Number of Communities Meeting Environmental Performance Measures: Kansas Environmental Public Health Tracking Program 2008 cohort; KDHE water program; KS BRFSS; KDHE Bureau of Waste Management.

Increase the Number of Communities Adopting Healthy Community Design Principles: Complete Streets; Smart Growth America.

Priority Strategy Three (Cross-Cutting Theme): Promote Healthy Environments and Community Design to Support Healthy Behaviors



Eleven objectives promoted healthy environments and community design to support healthy behaviors. Four of these aimed to increase access to healthy food by reducing infections caused by key pathogens commonly transmitted through food. Two of these objectives, reducing the incidence of Shiga-toxin Escherichia coli (STEC) to .6 per 100,000 and reducing the incidence of infections caused by Salmonella to 11.4 per 100,000 were not met as of 2016 (Kansas

Department of Health and Environment, Infectious Disease Surveillance), and there was no data available for the two objectives related to certified food protection managers.

In 2019, the Environmental Public Health Tracking program requested an update to the indicator used to show blood lead incidence in children. The following was recommended to reflect current data availability: Percent of all one- and two-year old children (both Medicaid enrolled and non-Medicaid-enrolled) tested for blood lead levels during the reporting period. There are currently no data points available for the incidence of confirmed elevated blood lead levels among children born in the same year and tested before age 3.

The percentage of public water supplies that did not exceed the maximum contaminant level (MCL) set by EPA for arsenic, uranium and nitrate increased by 21.7%, from 75% in 2013 to 96.7% in 2016 (KDHE water program). This met the target of a 10% increase. The percentage of the population covered by a Complete Streets policy or resolution increased from 33% at baseline (2013) to 49% in 2018 (Complete Streets; Smart Growth America). However, this fell short of the 53% target. In Kansas, both city and county governments have implemented Complete Streets policy. This has complicated tracking the percentage of population covered by these policies because of issues with nested data. In the future, we will consider an objective to increase the number of county and city policies.

The solid waste objectives to increase recycling and decrease per capita municipal solid waste were not met but have remained steady over the timeframe. The radon objectives were developed after collecting data through the 2013 KS BRFSS as a State Added Module, sponsored by Environmental Public Health Tracking Program. While considerable program activities have taken place since 2013, no recent data has been collected.

HK 2020 Progress and Outcome Indicators

Strategy 4: Address the Root Causes of Poor Health					
Goal 4.1: Improve Public Capacity to Make Informed and Appropriate Health Care Decisions					
Objective 4.1.1: Increase Health Literacy Among Kansans					
Indicators	Baseline (Date)	Mid-Course Review	Current	Target (2020)	Status
Percentage of low-income adults with low health literacy.	18% (2012)	12.7% (2014)	N/A	16%	Met
Goal 4.2: Reduce Poverty					
Objective 4.2.1: Integrate Public Health Planning Efforts to Reduce Poverty					
State plans integrating priorities to address poverty.	TBD	-	4 (2019)	All State Plans	Met

Data Sources and Notes on Indicators:

Increase Health Literacy Among Kansans: KS BRFSS 2012, 2014.

Integrate Public Health Planning Efforts to Reduce Poverty: KS Health and Human Services Agencies.

Priority Strategy Four (Cross-Cutting Theme): Improve Access to Services that Address the Root Causes of Poor Health



Health literacy is one health status measure in the state health improvement plan that has seen improvement and further refinement as time has progressed. Health literacy was first measured on the KS BRFSS through a set of state-added questions. Under the priority strategy to improve access to services that address the root causes of poor health, the objective to decrease the percentage of low-income adults with low health literacy to 16% was met. The baseline was 18% in 2012 (KS BRFSS). In 2014, 12.7% (KS BRFSS) of low-

income adults had low health literacy, surpassing the 16% target.

After the KS BRFSS Annual Planning Meeting in 2016, the health literacy questions were updated to reflect the CDC's recommendations for health literacy and to collect data that can be compared to other states. The new set of questions included on the KS BRFSS in 2016 and 2018 cannot be directly compared to the information collected in previous years. Since 2016, several activities to address health literacy have been carried out as a result of the alignment of the Maternal Child Health (MCH) State Action Plan and Healthy Kansans 2020.

The second objective in this priority strategy aims to demonstrate a collective approach to addressing poverty. After a review of current state plans that have originated from KDHE, it was determined that at least four current statewide plans (Healthy Kansans 2020, Chronic Disease State Plan, KS Cancer Plan, and Tobacco State Plan) that include priorities related to addressing poverty.

Overall, the recent analysis of this strategy has revealed a gap for future assessment and planning cycles. Following the 2013 report, *Economic Instability: A Social Determinant of Health*, data on social determinants of health have been analyzed sporadically, program by program. There is a need for an overarching, routine assessment of social determinants of health and health equity in Kansas.

HK 2020 Progress and Outcome Indicators

Strategy 5: Promote Integrated Health Care Delivery: Medical Care, Behavioral Health, and Social Services					
Goal 5.1: Promote Integrated Health Care Delivery					
Objective 5.1.1: Increase Number of Providers Who Adopt Integrated Models of Care					
Indicators	Baseline (Date)	Mid-Course Review	Current	Target (2020)	Status
Percentage of KS primary care providers achieving Patient-Centered Medical Home (PCMH) recognition.	316 (2011)	590 (2017)	-	380	Met
Number of Health Home Partners serving KanCare clients with severe mental illness (SMI) and/or chronic conditions.	TBD	-	-	TBD	No Data
Maintain number of KanCare clients initially assigned to a health home.	74,000 (2013)	-	-	>=74,000	No Data
Goal 5.2: Increase Access to Health Care					
Objective 5.2.1: Increase the Number of Kansans Who Have Access to Quality Health Care					
Percentage of adults who lack health care coverage to 14%.	16.7% (2011)	12.9% (2016)	12.5% (2017)	14%	Met
Percentage of adults with no personal doctor or health care provider to 17%.	19.7% (2011)	22.4% (2016)	22.4% (2017)	17%	Not Met
Percentage of adults who could not see a doctor because of cost in the past 12 months to 13%.	14.3% (2011)	11.7% (2016)	12.1% (2017)	13%	Met
Objective 5.2.2: Increase the Number of Providers who use Telehealth, Telemedicine, and Tele-monitoring					
Number of health providers (physicians and non-physicians) who provide Telemedicine and Telehealth options to their patients.	TBD	-	-	20% increase	No Data
Number of Telemedicine & Telehealth encounters provided by health providers to their patients.	TBD	-	-	10% increase	No Data
Number of Telemedicine & Telehealth services available that health providers can provide to their patients.	TBD	-	-	10% increase	No Data

Data Sources and Notes on Indicators:

Increase Number of Providers Who Adopt Integrated Models of Care: National Committee for Quality Assurance Recognition Directory; KDHE KanCare Program.

Increase the Number of Kansans Who Have Access to Quality Health Care: KS BRFSS.

Increase the Number of Providers who use Telehealth, Telemedicine, and Tele-monitoring: KU Center for Telemedicine & Telehealth, other healthcare systems providing these options.

HK 2020 Progress and Outcome Indicators

Strategy 5: Promote Integrated Health Care Delivery: Medical Care, Behavioral Health, and Social Services					
Goal 5.3: Increase Use of Electronic Health Records and Health Information Exchanges					
Objective 5.3.1: Increase the Number of Providers that Adopt EHRs and Connect to a Health Information Exchange					
Indicators	Baseline (Date)	Mid-Course Review	Current	Target (2020)	Status
Percentage of Kansas clinics and hospitals who are using electronic health records.	Physicians: 83% (2013) Hospitals: 19% (2011)	Physicians: 91.5% (2015) Hospitals: 60% (2014)	Physicians: 93% (2017) Hospitals: 73% (2015)	95%	Improved
Percentage of Kansas clinics and hospitals connected to a health information exchange.	460 clinics & hospitals (2013)	-	1951 clinics & hospitals (2019) Est. 46-50% of total	95%	Improved

Data Sources and Notes on Indicators:

Increase the Number of Providers that Adopt EHRs and Connect to a Health Information Exchange: Office of the National Coordinator for Health IT; Kansas Health Information Network, Lewis & Clark Information Exchange.

Priority Strategy Five (Cross-Cutting Theme): Promote Integrated Health Care Delivery- Medical Care, Behavioral Health, Social Services



The focus of eleven objectives related to integrated health care was to improve access to comprehensive, quality health care services. Three objectives were met: adults who lacked health care coverage decreased from 16.7% in 2011 to 12.5% in 2017 (KS BRFSS); adults who could not see a doctor because of cost decreased from 14.3% in 2011 to 12.1% in 2017 (KS BRFSS); the number of Kansas primary care providers that achieved Patient-Centered Medical Home (PCMH) recognition

increased by 86.71% from 2011 to 2017 (NCQA).

The objectives applicable to Health Homes (HH), in Healthy Kansans 2020 are not measurable because the first Kansas Health Home program was ended in June of 2016. Therefore, Kansas could not “maintain an adequate number of Health Home Partners serving KanCare clients with severe mental illness (SMI) and/or chronic conditions” or “maintain the number of KanCare clients initially assigned to a health home.” Kansas’s original Serious Mental Illness (SMI) HH program went live in July 2014 and ended in June 2016. The program was discontinued due to budget shortages at the time.

Though the original HH program ended in 2016, the legislature directed KDHE to bring back the program through a legislative proviso. The intended launch is set for January 2020. This new iteration of the program has been branded OneCare Kansas (OCK). Like HH, OCK is a comprehensive and intense method of care coordination for Kansas Medicaid members who qualify. OCK integrates and coordinates all services and supports with the goal of treating the “whole person” across the lifespan.

Objectives to decrease the percentage of adults with no personal doctor or health care provider and to increase the percentage of Kansas clinics and hospital connected to a health information exchange to 95% were not met, but significant improvement was made. In 2013, there were 460 active clinics and hospitals participating in the Kansas Health Information Network (KHIN) exchange. As of October 2019, there are now 1951 active participants in the health information exchange for Kansas, and if those participants who are DOD Military, DaVita and CVS are included, the number of participants jumps to 7055.

No data were readily available for the three objectives related to Telemedicine and Telehealth.

HK 2020 Progress and Outcome Indicators

Cross-Cutting Strategy 6: Train and Equip the Public Health Workforce					
Goal 6.1: A Public Health Workforce that is Well-Prepared, Adequate in Number, and Distributed According to the Needs of Both Rural and Urban Kansans					
Objective 6.1.1: Strengthen Public Health Workforce Training in Kansas					
Indicators	Baseline (Date)	Mid-Course Review	Current	Target (2020)	Status
Percentage of the public health workforce with Core Competency Tier level, subject-based and/or individual training plans.	57% (2013)	-	TBD	75%	No Data
Percentage of the public health workforce who have completed a competency assessment.	TBD	-	71% (2017)	60%	Met

Data Sources and Notes on Indicators:

Strengthen Public Health Workforce Training in Kansas: KDHE KS TRAIN, Kansas Public Health Workforce Assessment 2017 and SFY2019 survey.

Overarching Strategy to Address All Three Cross-Cutting Themes: Train and Equip the Public Health Workforces

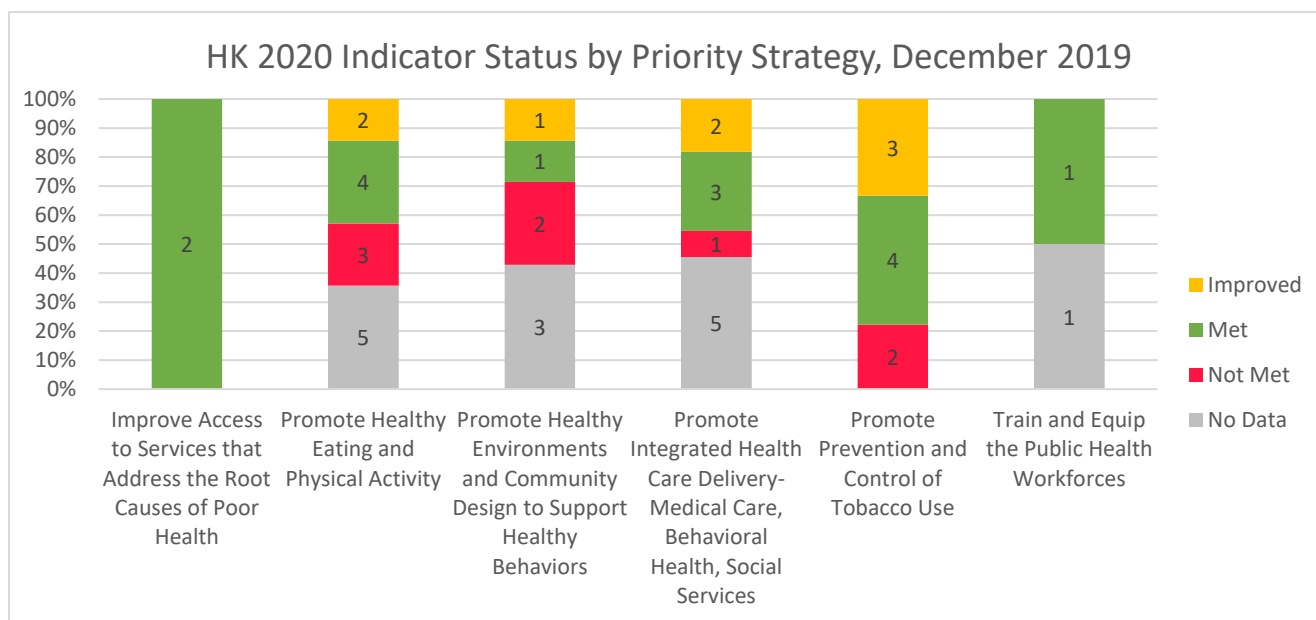


No data were available to assess progress on the first objective to train and equip the public health workforce. It was unclear how the denominator was calculated and the percentage in 2013 could not be replicated with existing data sources. The information on percentage of public health workforce who have completed a competency assessment was calculated with two sources: Kansas Public Health Workforce Assessment 2017 and SFY2019 survey (administered in 2018

with local health departments reporting data for 2017). Development of the 2020 Kansas Public Health Workforce Assessment instrument is completed but implementation has been delayed while local health department staff (constituting a significant portion of the workforce) is addressing COVID.

Analysis of Progress

Of the 45 measurable indicators of progress towards the goals and objectives related to Healthy Kansans 2020, 15 targets were met with another 8 objectives showed significant improvement from the baseline, with two measures within 10% of the established targets. For 14 indicators, current or baseline data were not available, and 8 objectives were not met. The table below is a summary of progress across the different strategies.



Of the 14 indicators for which no data was available, 7 indicators did not have an established baseline at the time the targets were set. There were 6 objectives with TBD at baseline and data was later available. This demonstrates growth in capacity for measurement. However, it is important to emphasize the need to have clear expectations as to who will be responsible for measurement and reporting.

Collaborators and partners from Healthy Kansans 2020 also provided suggested updates to indicators and updated data points that more accurately captured the intent of the goals set back in 2014. Aside from a mid-course review in 2017, measurement of the Healthy Kansans 2020 indicators took place sporadically, and within each responsible program. There was not a single point-of-contact for collaborators to report progress as it relates to Healthy Kansans 2020. Continued engagement in the implementation and reporting phases of the plan must be maintained to ensure work is aligned to identified priorities and measures remain relevant.

Finally, collaborators on this project reported a gap for future assessment and planning cycles. There is a need for an overarching, routine assessment of social determinants of health and health equity in Kansas. Although it was considered a state-level priority, the plan only included two objectives related to social determinants of health. It is recommended that future planning efforts include applying a health equity lens to the entire process.

Planning for Healthy Kansans 2030

In 2017, there was a mid-course review of the progress made towards the priorities established in Healthy Kansans 2020. Several changes to the process were suggested during mid-course review, to enable KDHE to respond to the evolving context of public health, including recruiting volunteers to assist with data collection, simplifying and centralizing the process, and identifying more stakeholders to be involved, both within and outside of the agency.

In 2018, a performance improvement manager was hired at KDHE to support the next statewide health assessment and improvement planning process. An RFP was released by KDHE in late 2019, soliciting proposals for project coordination and management. Proposals were received in December and reviewed through February by an internal review committee composed of KDHE division and bureau directors and assessment and evaluation experts. After a technical review document was completed in early March, cost information was released to reviewers. The final selection was made by the reviewing committee, but the process was put on hold due to the COVID-19 response.

In October 2020, the project has resumed activities, but many questions remain about how the process will look post-COVID. KDHE is currently reviewing best practices shared from the National Network of Public Health Institutes (NNPHI) to develop an inclusive approach to the process that will support the health and safety of Kansans. Updates on the process will be included in future issues of Public Health Connections, on the agency website (www.kdheks.gov), and/or through public press releases.