

# 2030

## Healthy Kansans

### Healthy Kansans 2030 State Health Improvement Plan Table of Contents

**Executive Summary.....1**

**Plan Overview .....5**

**Plan Summary .....6**

**Implementation Worksheets .....9**

**Oversight/Assessment Policy.....32**



## Healthy Kansas 2030 State Health Improvement Plan Executive Summary

The Kansas Department of Health and Environment is accredited by PHAB (Public Health Accreditation Board), the sole national accrediting body for public health in the U.S.

As such, it is committed to the standards and practices defined by PHAB to improve the quality, accountability, and performance of public health systems. Two essential pieces of this work involve conducting a collaborative State Health Assessment and using the data and insights gathered through that assessment to inform creation of a collaborative State Health Improvement Plan. KDHE launched Healthy Kansas 2030 in 2021 to engage Kansans from all walks of life and from all corners of the state in identifying and prioritizing the health issues impacting the state most deeply, and in developing a plan to address those priorities at a systems level.

Following a nearly year-long State Health Assessment that included analysis of 130 health indicators and distillation of key issues gathered through primary research involving a state-wide survey, focus groups, and interviews, the Healthy Kansas 2030 Steering Committee chose four priorities to be the focus of the 2023-2027 State Health Improvement Plan:

1. Improve inequities in health/health outcomes
2. Improve access to care, including behavioral health
3. Improve conditions that facilitate healthy behaviors/health literacy
4. Improve public health funding

These priorities became the framework a 72-person SHIP Planning Committee used to flesh out goals, strategies and actions that can/will be pursued over the next five years to address these pressing health concerns

### Healthy Kansas 2030 Timeline & Details

#### **March-December 2021 Healthy Kansas 2030 State Health Assessment**

- State-wide Community Health Perceptions Survey (1500 responses)
- 26 key informant interviews
- 11 focus groups

#### **January 2022 HK2030 Priority Selection**

The HK2030 Steering Committee reviewed data, rated and ranked issues, and ultimately selected four priorities to be the framework of the Healthy Kansas 2030 State Health Improvement Plan

#### **April-August 2022 State Health Improvement Planning**

Using contacts/recommendations from the HK2030 Steering Committee, the Health Assessment subcommittees, people/organizations that supported the State Health Assessment by participating in an interview or helping to organize a focus group, and input from KDHE bureaus/programs, the HK2030 Core Planning Team issued invitations to individuals from communities and organizations across Kansas to participate in SHIP development. Ultimately more than 70 people participated in the development of the Healthy Kansas 2030 State Health Improvement Plan. In the interest of efficiency, and to ensure equal voice/representation across plan development, participants were asked to select or were assigned to one of four Priority Work Groups.

• April 2022: State Health Improvement Plan Launch

Reviewed key takeaways from the State Health Assessment that informed selection of the four health priorities

Priority Work Groups met for first time to begin working on plan development through discussion of root causes and asset mapping leading to initial identification of strategies/actions to pursue.

• May-August 2022: Priority Work Group Meetings

Wrote Priority and Goal Statements

Researched and defined Strategies/Actions to pursue to advance Goals

Established Key Performance Indicators for tracking progress

Discussed responsible parties and timelines

• August-September: 2022 Plan Review and Adoption

August--Development of HK2030 SHIP Oversight Policy and Process

August--SHIP Committee Plan and Oversight Policy/Process Review & Vote to Advance to the HK2030 Steering Committee

September--HK2030 Steering Committee Plan and Oversight Policy/Process Review and Approval

**Next Steps**

KDHE has agreed to serve as the organizational “backbone” supporting implementation of the Healthy Kansans 2030 State Health Improvement Plan. Plan implementation will be organized around the established SHIP Priority Work Groups and the hope is that current SHIP and Steering Committee members will agree to continue their support of/commitment to this work.

The Healthy Kansans 2030 State Health Improvement Plan is built around engaging with communities and organizations around the state. A focus of plan implementation will be to identify and recruit other people and organizations to directly support this work and/or to adopt the priorities, goals and strategies in the SHIP as focus areas for their work in the communities they serve.

**SHIP Committee Participants**

Priority 1 Work Group

- Jessica Smith, Center for Public Health Initiatives, WSU Community Engagement Institute
- Candice McField, Founder, fightGLOBESITY
- Stephen Fawcett, PhD, University of Kansas, Center for Community Health & Development
- Elaine Johannes, Kansas State Research & Extension
- Aften Gardner, Wallace County Health Department
- Jennie Toland, Kansas Breastfeeding Coalition
- Seth Dewey, Reno County Health Department
- Jerome Staab, KDHE
- Miranda Steele, Kansas Health Institute
- Tony Carter, Community Leader
- Cherie M. Sage, Safe Kids Kansas
- Michael Odupitan, Omni Circle Group
- Daniel Craig, Salina Regional Health Center
- Carol Cramer, KDHE
- Beth Nech, KFMC
- Justin Hoover, The Battle Within
- Jeff Usher, Kansas Health Foundation
- Kayzy Bigler, KDHE
- John Castellaw, Thrive Allen County

Priority Work Group 2

- Jana Farmer, KDHE
- Babalola Faseru, MD, University of Kansas Medical Center

- Heather Smith, KDHE
- Cristi Cain, KDHE
- Sonja Armbruster, Department of Health Sciences, Wichita State University
- Callie Dyer, Finney County Health Coalition
- Michelle Ponce, Association of Community Mental Health Centers of Kansas
- Cassandra Sines, Family Representative, AMCHP
- Jeanette Collier, NEK-CAP
- Edith Gaines, Shawnee County Health Department/AARP of Kansas
- Rep. Megan Lynn, Kansas House of Representatives
- Kevin Robertson, Kansas Dental Association
- Charles Bartlett, Kansas Department for Aging and Disability Services
- Brenda Bandy, Kansas Breastfeeding Coalition

### Priority Work Group 3

- Karen Braman, Kansas Hospital Association
- Martha Gabehart, Kansas Coalition on Disability Concerns
- Paigton Mayes, PhD, MPH, Community Engagement Institute, Wichita State University
- Virginia Barnes, Blue Cross and Blue Shield of Kansas
- Aaron Davis, Center for Public Health Initiatives, WSU Community Engagement Institute
- Dan Partridge, Lawrence-Douglas County Health Department
- Melissa Hudelson, Kansas Chapter, American Academy of Pediatrics
- Tori Gleason, Clinical Analyst
- Erin Corriveau, MD, MPH, Departments: Family Medicine & Community Health, Population Health, University of Kansas Medical Center
- Vicki Collier-Akers, PhD, MPH, Department of Population Health, University of Kansas Medical Center
- David Jordan, United Methodist Health Ministry Fund
- Logan Stenseng, Thrive Allen County
- Sen. Kristen O'Shea, Kansas Senate
- Tatiana Lin, Kansas Health Institute
- Janet Stanek, Secretary, KDHE
- Craig Barnes, Shawnee County Health Department
- Susan Lukwago, PhD, WIC Nutrition Coordinator, Liberal Area Coalition for Families,

### Priority Work Group 4

- Sen. Pat Pettey, Kansas Senate
- Carlie Houchen, Blue Cross and Blue Shield of Kansas
- Bruce Chladny, Kansas Association of Counties
- Dennis Kriesel, Kansas Association of Local Health Departments
- Teresa Miller, Kansas Health Foundation
- Brandon Skidmore, Sunflower Foundation
- Daina Zolck, KDHE
- Derik Flerlage, ProMedica Home Health, Hospice & Palliative Care
- Jackie Counts, Center for Public Partnerships & Research, University of Kansas
- Dana Weaver, Dana Weaver, Leading Age Kansas
- Sarah Good, KFMC
- Heather Braum, Kansas Action for Children
- Lynnette Redington, Harvey County Health Department
- Kelli Mark, KDHE

### KDHE Core Planning Team

- Jade Ramsdell, Team Lead
- Steve Corbett

- Amy Gaier
- Alix Guerrero
- Abigail Merced
- Julie Sergeant



## **2023-2025 State Health Improvement Plan Plan Overview**

### **Healthy Kansas 2030 Mission & Values**

All people in Kansas reach their full health potential through sustainable, equitable and empowered communities.

We Value Sustained:

\*Equity \*Justice \*Inclusion \*Collaboration \*Community Driven Solutions \*Holistic Approaches to Health

### **2023-2025 Priorities**

**1. Improve Inequities in Health & Health Outcomes:** Promote the health and well-being of all Kansans by addressing inequities in health through policy, system, and environmental interventions at the state and community levels.

**2. Improve Access to Care:** Develop seamless collaborative systems that remove barriers to access and support the delivery of coordinated person-centered care.

**3. Facilitate Healthy Behaviors/Improve Health Literacy:** Ensure all Kansans have access to accurate and usable health information that is culturally appropriate, easily understandable and empowers communities to remove barriers and support the foundations of a quality of life.

**4. Improve Public Health Funding & Capacity:** Strengthen/expand the capacity and capability of public health system and its collaborative partners to improve the health and well-being of all Kansans through expanded funding and support.

*Community Sectors/Assets to be engaged in fulfilling these Priorities: Service and professional associations, health providers (individuals and organizations), faith-based organizations, business/commerce, foundations/funders, institutions of higher learning, community organizations/agencies addressing social and economic conditions influencing health.*

# Healthy Kansans 2030 SHIP 2023-2027

## Strategic Plan Summary

### Priority

1 Improve Inequities in Health & Health Outcomes: Promote the health and well-being of all Kansans by addressing inequities in health through policy, system, and environmental interventions at the state and community levels.

#### Goal

1.1 Identify Priority Inequities and Address Conditions to Promote Health Equity:  
Work with people who historically and systematically experience barriers to health to prioritize health inequities and to develop and implement equity-promoting solutions at state and community levels.

#### Key Performance Indicators

- Reduce inequities in identified priority health issues
- Increase # of grassroots orgs participating in the HK2030 SHIP collaboration
- Implement measurement systems for tracking community/system changes to address inequities by end of 2023
- Increase #/intensity of policy changes to promote equity
- Increase # of communities with collaborative partnerships to promote health equity
- Decision-making power to people most affected by health inequities
- Increase# people from affected communities who move into a leadership position (ultimately run for office)
- # of Presentations

### Priority

2 Improve Access to Care: Develop seamless collaborative systems that remove barriers to access and support the delivery of coordinated person-centered care.

#### Goal

2.1 Build/Invest in Systems to Improve Care Navigation:  
Build and invest in seamless systems of care to make navigation of health care less burdensome.

#### Key Performance Indicators

- Medicaid/MCO patient satisfaction measures regarding referrals, care coordination, care transitions defined by end of 2023
- Medicaid/MCO patient satisfaction with care coordination measures tracking/reporting begins in 2024
- List of questions exploring referral, care coordination, care transition experiences questions developed and promoted for inclusion in tracking systems
- Number of Care Coordination Roles (e.g., CHWs) reimbursed under new MCO contract increases

#### Goal

2.2 Provider Recruitment & Training:  
Support recruitment of high-quality, culturally competent/culturally humble providers who reflect the diversity of our population.

#### Key Performance Indicators

- # of Cultural competency CME opportunities increases
- # of health providers participating in cultural competency CME increases
- Training in cultural competency is a CME requirement for health professional groups

#### Goal

2.3 Systems & Policy:  
Increase access to health through systemic policy change and implementation of financial strategies that align with and sustain our health goals for all Kansans.

#### Key Performance Indicators

- Medicaid expansion is approved implemented
- % of ppl reporting no access to primary, MH/BH, dental care declines (BRFSS and Census data)
- Inequities in Access report published by end of 2023
- Data from Inequities in Access report presented 50 times annually (conferences, legislative hearings, media, LPH CHNAs)
- PH workforce knows and actively talks with elected officials (survey data)
- KanCare Re-enrollment

**Priority**

3 Facilitate Healthy Behaviors/Improve Health Literacy: Ensure all Kansans have access to accurate and usable health information that is culturally appropriate, easily understandable and empowers communities to remove barriers and support the foundations of a quality of life.

<p><i>Goal</i> 3.1 Information for Individuals: Create and support pathways for accessing meaningful health information.</p>	<p><i>Key Performance Indicators</i></p> <ul style="list-style-type: none"><li>• # of downloads from Central Information hub increases (Baseline set in 2024)</li><li>• Central information hub established by end of 2023</li><li>• # of data collection efforts (or questionnaires) that include health literacy questions increases. (Baseline set in 2023)</li><li>• 85% of the Central information hub users reporting “satisfied” or “very satisfied” with their experience on the site</li></ul>
<p><i>Goal</i> 3.2 Effective Communication by Systems/Organizations: Engage health systems and organizations in developing communications that effectively meet community needs.</p>	<p><i>Key Performance Indicators</i></p> <ul style="list-style-type: none"><li>• # of organizations implementing updated communications plan increases (Baseline set 2023)</li><li>• Online toolkit established by end of 2023</li><li>• # of Communications tool kit downloads increases (Baseline set 2024)</li><li>• Communications Learning Community established by end of 2023</li><li>• # of organizations receiving TA on communications increases (Baseline set 2024)</li><li>• -# of organizations reporting changes/improvements in communications as a result of TA increases (Baseline set 2024)</li></ul>
<p><i>Goal</i> 3.3 Empower Community Action: Empower Kansans and communities with the knowledge, opportunities, and conditions needed to support healthy lifestyles.</p>	<p><i>Key Performance Indicators</i></p> <ul style="list-style-type: none"><li>• # of community-based initiatives supported grows (Baseline set in 2023)</li><li>• # of Resource Development Capacity Building programs grows (Baseline set in 2023)</li><li>• #/amount of capacity building grants increases (Baseline set in 2023)</li><li>• State funding for care navigation increases by the end of the plan. (2022 baseline =X)</li><li>• On-stop resource about funding established by the end of the plan</li></ul>

**Priority**

4 Improve Public Health Funding & Capacity: Strengthen/expand the capacity and capability of public health system and its collaborative partners to improve the health and well-being of all Kansans through expanded funding and support.

<p><i>Goal</i> 4.1 Tell the Story: Promote the purpose and value of public health to assure consistent and accurate understanding of and confidence in the public health system to support the health and well-being of Kansans.</p>	<p><i>Key Performance Indicators</i></p> <ul style="list-style-type: none"><li>• Communications and advocacy efforts advanced by partners increase (demonstrated by survey data)</li><li>• Increasing use of health data demonstrated by increase in site visits to Kansas Health Matters, BRFSS, PRAMS</li><li>• Number of Google alerts received regarding key information shared increase</li><li>• Media mentions of information shared increases demonstrated by media tracking (e.g., NewsBank)</li><li>• Downloads from communications clearinghouse increase (Baseline to be set when launched)</li><li>• Shared list of priority health indicators established by end of 2024</li><li>• Data collections/analysis capacity of community partners improves as demonstrated by survey data (Baseline set 2023)</li></ul>
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<p><i>Goal</i>  <b>4.2 Public Health Investment:</b>  Strengthen the capacity and capability of the public health system and its collaborative partners to improve the health and well-being of all Kansans through expanded funding and support.</p>	<p><i>Key Performance Indicators</i></p> <ul style="list-style-type: none"> <li>• Funding and human capacity for public health work is expanded and sustained.</li> <li>• # of public health scenario planning summits/webinars held</li> <li>• Philanthropic funding/support for convening scenario planning summits secured</li> <li>• # of funding asks submitted/testimony submitted in support of ask increase (track at state level and via KGMS grant request data)</li> <li>• Public Health Fiscal Assessment completed by 2025</li> <li>• Report on potential financing strategies completed by 2024</li> <li>• Innovation Fund summit held by 2024</li> <li>• Community Innovation Fund established by the end of the 2027</li> </ul>
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**Shared Goal Across All Priority Work Groups**

<p><i>Goal</i>  <b>Work Group Collaboration &amp; Commitments:</b> Work in collaboration with all Priority Work Groups to implement a shared approach to:</p> <ul style="list-style-type: none"> <li>• Engaging individuals and communities in the State Health Improvement Plan;</li> <li>• Developing indicators of progress/performance;</li> <li>• Conducting communications and policy advocacy;</li> <li>• Evaluating the work being implemented and providing progress reports to community shareholders;</li> <li>• Making changes to the Strategies/Actions defined in the plan;</li> <li>• Identifying and advancing evidence-based strategies.</li> </ul>	<p><i>Key Performance Indicators</i></p>
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# Healthy Kansans 2030 SHIP 2023-2027 Implementation Worksheets

## Table of Contents

Priority 1 .....	2
Priority 2 .....	5
Priority 3 .....	10
Priority 4 .....	17
Goal Shared by ALL Priority Workgroups .....	22

*\*The list of Responsible Parties for implementation of Strategies/Actions in the plan will be expanded as organizations and individuals are added to the CHIP implementation effort.*

*\*Priority Work Groups will refine Date Ranges for implementation of Strategies/Actions in the plan as they establish annual Work Group schedules and priorities.*

**Mission Driven Priorities**

**Priority 1**

**1. Improve Inequities in Health & Health Outcomes: Promote the health and well-being of all Kansans by addressing inequities in health through policy, system, and environmental interventions at the state and community levels.**

*Community Sectors/Assets to be Engaged: Service and professional associations, health providers (individuals and organizations), faith-based organizations, business/commerce, foundations/funders, institutions of higher learning, community organizations/agencies addressing social and economic conditions influencing health.*

<p><b>Goal</b></p> <p>1.1 Identify Priority Inequities and Address Conditions to Promote Health Equity: Work with people who historically and systematically experience barriers to health to prioritize health inequities and to develop and implement equity-promoting solutions at state and community levels.</p>	<p><b>Key Performance Indicators</b></p> <ul style="list-style-type: none"> <li>• Reduce inequities in identified priority health issues</li> <li>• Increase # of grassroots orgs participating in the HK2030 SHIP collaboration</li> <li>• Implement measurement systems for tracking community/system changes to address inequities by end of 2023</li> <li>• Increase #/intensity of policy changes to promote equity</li> <li>• Increase # of communities with collaborative partnerships to promote health equity</li> <li>• Decision-making power to people most affected by health inequities</li> <li>• Increase# people from affected communities who move into a leadership position (ultimately run for office)</li> <li>• # of Presentations</li> </ul>
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<p><b>Strategy</b></p> <p>1.1.1 Commitment to Inclusion: Engage populations that have been historically or currently are at a high risk for poor health as a result of barriers they experience related to social, economic, political and environment resources, as well as limitations due to illness or disability in the work conducted to advance this Priority.</p> <p>Populations may include racial and ethnic minorities, including persons of Black, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander races and persons of Hispanic ethnicity; rural/urban residents; children; pregnant women; persons who are LGBTQIA+; older adults; persons living with a disability, persons with chronic illnesses; persons with housing instability or who are homeless; immigrant</p>	<p><b>Actions</b></p> <p>1.1.1.1 Recruit &amp; Engage New Partners: Continue to actively seek and engage additional partners to advance the work of this Priority Work Group to implement the work defined across all efforts in this plan to improve health inequities and health outcomes.</p>	<p><b>Responsible Party</b></p> <p>Priority 1 Work Group +KDHE SHIP Support Team</p>	<p><b>Date Range Strategy</b></p> <p>1/01/23 - 12/31/27</p>
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<p>populations; displaced persons; persons with limited English proficiency; persons with low literacy; persons with low income; and others</p>			
<p><b>Strategy</b> 1.1.2 Alliance Building &amp; Advocacy: Engage as allies and advocates in the work to continuously reduce health inequities.</p>	<p><b>Actions</b> 1.1.2.1 Map &amp; Align Existing Equity Work: Identify and “map” existing state organizations and collaborations working on health equity/removing barriers. Crosswalk with recommendations from the Governor’s Commission on Racial Equity Commission and seek ways to form structures and secure agreements to align coordination/collaboration around consensus issues.</p> <p>1.1.2.2 Convene Summit: Convene a summit of health and non-health actors to identify ways to integrate health/health equity across their work. Continue annually. <i>Evidence-based Resource:</i> <a href="https://healthequityguide.org/strategic-practices/">https://healthequityguide.org/strategic-practices/</a></p> <p>1.1.2.3 Equity Analysis: Collaborate with other agencies and individuals with lived experience to conduct an equity analysis (e.g., analysis of intermediary social determinants, health impact assessments, equity impact analyses, or research studies) to examine the impact of existing and proposed policies, projects, and plans on health equity</p> <p>1.1.2.4 Build Advocates-State Level: Expand the “base” of community shareholders that will work collaboratively to build awareness of how social determinants produce inequities and how conditions can be changed to increase opportunities, reduce harmful exposures, and assure access to needed care and support.</p> <p>1.1.2.5 Build Advocates-Community Level: Engage and work in collaboration with grassroots advocacy organizations to build their capacity to address/ change conditions in their communities to increase opportunities, reduce harmful exposures, and assure access to needed care and support.</p>	<p><b>Responsible Party</b> Priority 1 Work Group +KDHE SHIP Support Team</p>	<p><b>Date Range Strategy</b> 1/01/23 - 12/31/27</p>
<p><b>Strategy</b> 1.1.3 Identify/Support Local Efforts: Identify, support, and work collaboratively with individuals and grassroots and civic organizations whose activities and campaigns advance health equity.</p>	<p><b>Actions</b> 1.1.3.1 Adopt Place Making Model: Research and promote adoption of an evidence-based place making models that have been successful within Kansas and in other states for developing leadership among populations that experience health disparities. (Place-making model for identity of place – natural, human, built, cultural, social, political, financial.)</p> <p>1.1.3.2 Leadership Development Assistance: Provide technical assistance on advocacy and leadership development to enhance the knowledge, skills and abilities of communities, organizations, coalitions doing equity</p>	<p><b>Responsible Party</b> Priority 1 Work Group +KDHE SHIP Support Team</p>	<p><b>Date Range</b> 1/01/23 - 12/31/27</p>

	<p>work. Seek and engage partners (e.g. Kansas Leadership Center) to support this work.</p> <p>1.1.3.3 Leadership Empowerment: Support work that recognizes and empowers people to become leaders within their community. Increase opportunities and leadership capabilities for people with lived experience across all phases of health equity work including engagement, planning, implementation, and evaluation.</p> <p>1.1.3.4 Commerce Collaboration: Develop and build relationships with commerce at state and community levels to understand systems and barriers and identify shared interests and opportunities for collaboration.</p> <p>1.1.3.5 Poverty Awareness/Training: Research poverty awareness/trainings (e.g., Circles) for public health workers and offer to public health workforce. Training on importance of and strategies for building relationships with people from communities that have a distrust of systems.</p> <p><i>Evidence-based Resource:</i>  <a href="https://www.hhs.gov/sites/default/files/Self-Sufficiency-Series-Profile-Circles.pdf">https://www.hhs.gov/sites/default/files/Self-Sufficiency-Series-Profile-Circles.pdf</a></p> <p>1.1.3.6 Qualitative Care Assessment System: Work with community and system partners to develop and implement a dynamic qualitative care assessment system to promote shared tracking of progress related to health equity.</p>		
<p><b>Strategy</b></p> <p>1.1.4 Communications: Develop and implement communication strategy that explicitly includes work to engage populations that have historically and systematically experienced barriers to health. Use well-known venues such as conferences, seminars, legislative, government hearings and news conferences, and community events, and explore other modalities such as podcasts, grey news sources, etc. to reach multiple audiences.</p>	<p><b>Actions</b></p>	<p><b>Responsible Party</b></p> <p>Priority 1  Work Group  +KDHE SHIP  Support  Team</p>	<p><b>Date Range</b></p> <p>1/01/23 - 12/31/27</p>

## Priority 2

### 2 Improve Access to Care: Develop seamless collaborative systems that remove barriers to access and support the delivery of coordinated person-centered care.

*Community Sectors/Assets to be Engaged: Service and professional associations, health providers (individuals and organizations), faith-based organizations, business/commerce, foundations/funders, institutions of higher learning, community organizations/agencies addressing social and economic conditions influencing health.*

<p><b>Goal</b> 2.1 Build/Invest in Systems to Improve Care Navigation: Build and invest in seamless systems of care to make navigation of health care less burdensome.</p>	<p><b>Key Performance Indicators</b></p> <ul style="list-style-type: none"> <li>• Medicaid/MCO patient satisfaction measures regarding referrals, care coordination, care transitions defined by end of 2023</li> <li>• Medicaid/MCO patient satisfaction with care coordination measures tracking/reporting begins in 2024</li> <li>• List of questions exploring referral, care coordination, care transition experiences questions developed and promoted for inclusion in tracking systems</li> <li>• Number of Care Coordination Roles (e.g., CHWs) reimbursed under new MCO contract increases</li> </ul>		
<p><b>Strategy</b> 2.1.1 Commitment to Inclusion: Engage populations that have been historically or currently are at a high risk for poor health as a result of barriers they experience related to social, economic, political and environment resources, as well as limitations due to illness or disability in the work to advance this Priority.</p> <p>Populations may include racial and ethnic minorities, including persons of Black, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander races and persons of Hispanic ethnicity; rural/urban residents; children; pregnant women; persons who are LGBTQIA+; older adults; persons living with a disability, persons with chronic illnesses; persons with housing instability or who are homeless; immigrant populations; displaced persons; persons with limited English proficiency; persons with low literacy; persons with low income; and others</p>	<p><b>Actions</b></p>	<p><b>Responsible Party</b> Priority 2 Work Group</p>	<p><b>Date Range</b> 1/01/23 - 12/31/27</p>
<p><b>Strategy</b> 2.1.2 Referrals, Follow Up Care Coordination: Convene/work in collaboration with medical, oral and mental health providers, substance use counselors/programs, private payers, public health professionals, Medicaid providers, and nursing home/long term care providers, to develop improved systems for referrals, follow-up, care coordination and care transitions.</p>	<p><b>Actions</b> 2.1.2.1 MOUs/Subcontracts: Work with Medicaid/Managed Care Organizations (MCOs) to promote inclusion of system navigation components supporting closed-loop communication in direct service contracts.</p>	<p><b>Responsible Party</b> Priority 2 Work Group</p>	<p><b>Date Range</b> 1/01/23 - 12/31/25</p>

2.1.2.2 Gather Patient Satisfaction Data: Work with Medicaid/Managed Care Organizations (MCOs) to gather and/or develop patient satisfaction measures around referrals, care coordination, and care transitions and begin tracking/reporting data. Use data to inform discussion/recommendations for ongoing improvement.

2.1.2.3 Develop/Promote Standard Patient Satisfaction Measures: Work with state and national health organizations, health providers, private payers, public health, and community-based organizations to develop and/or promote implementation of a standardized list of measures to track progress of/measure satisfaction with referrals, care coordination, care transitions. (Possible Organizations to engage: Kansas Foundation for Medical Care, National Academy of State Health Policy, Hospital Consumer Assessment of Healthcare Providers and Systems, Agency for Healthcare Research and Quality)

2.1.2.4 Convene Community Shareholders: Convene community shareholders (e.g., Federally Qualified Health Centers (FQHCs), Community Mental Health Centers, primary care provider organizations, hospital systems, associations/organizations representing people living with disabilities and individuals in long term care, public health, private insurers, Tribal Communities) to develop strategies to strengthen community collaborations and programs with a focus on expanding community-specific supports for coordinated care and transitions of care and targeting disparities.

2.1.2.5 Explore Evidence-Based Models: Explore evidence-based models and standards for managing referrals/support related to health and social determinants of health. (e.g. Federally Qualified Health Centers, Medicaid, regional public health models)

2.1.2.6 Promote Cross-System Standards & Practices: Develop and promote practices, standards, and innovative approaches to increase cross-system community collaborations to refer and connect Kansans to needed supports and services.

2.1.2.7 Training & Support: Provide technical assistance, training, and tools to build capacity and scale provision of holistic care coordination approaches within public and private care settings.

<p><i>Evidence-based Resources:</i>  <a href="https://www.kdhe.ks.gov/825/Holistic-Care-Coordination">https://www.kdhe.ks.gov/825/Holistic-Care-Coordination</a></p> <p><a href="https://www.ahrq.gov/patient-safety/reports/engage/interventions/warmhandoff.html">https://www.ahrq.gov/patient-safety/reports/engage/interventions/warmhandoff.html</a></p> <p>2.1.2.8 Promote Integration of CHWs/Care Coordinators: Promote integration of CHWs and other health care coordinators into clinical care teams to support the Holistic Care Coordination model. Explore opportunities to pilot this approach in small practices.</p> <p>2.1.2.9 Advocacy: Include advocacy for reimbursement for and expansion of public/private funding models to support inclusion of members of Care Coordination teams i.e., CHWs, doulas, other health care coordinators in the HK2030 advocacy/education agenda.</p> <p>2.1.2.10 Recruit &amp; Engage New Partners in Priority Implementation: Identify and engage additional partners to advance the work of this Priority Work Group to implement the work defined in this plan to improve access to care.</p>	<p><b>Action 9:</b>  KH2030  Advocacy  Com</p>	
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<p><b>Goal</b>  2.2 Provider Recruitment &amp; Training:  Support recruitment of high-quality, culturally competent/culturally humble providers who reflect the diversity of our population.</p>	<p><b>Key Performance Indicators</b></p> <ul style="list-style-type: none"> <li>• # of Cultural competency CME opportunities increases</li> <li>• # of health providers participating in cultural competency CME increases</li> <li>• Training in cultural competency is a CME requirement for health professional groups</li> </ul>
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<p><b>Strategy</b>  2.2.1 Pathways to Health Careers: Build pathways to careers to build a new workforce and support existing workforce.</p>	<p><b>Actions</b></p> <p>2.2.1.1 Promote Chapter Development: Work in collaboration with Kansas HOSA (Future Health Professionals) to promote chapter development, especially in western Kansas, to promote careers in the health profession. Engage Kansas Area Health Education Center (AHEC), professional health associations, local health departments in the effort.</p> <p><i>Evidence-Based Resource:</i>  <a href="https://www.kumc.edu/community-engagement/our-divisions/ku-ahec/future-health-professionals-(hosa).html">https://www.kumc.edu/community-engagement/our-divisions/ku-ahec/future-health-professionals-(hosa).html</a></p> <p>2.2.1.2 Loan Forgiveness Policy Advocacy: Advocate for policies to increase loan forgiveness programs for professionals working in medicine, nursing, public health, dentistry, behavioral health, long term care in medically</p>	<p><b>Responsible Party</b>  Priority 2  Work Group</p>	<p><b>Date Range</b>  1/01/23 - 12/31/27</p>
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	underserved communities. Engage professional health associations, funders, non-profit philanthropy in support of the effort.		
<b>Strategy</b> 2.2.2 Cultural Competency/Humility Training: Increase provider training in cultural competency and cultural humility.	<b>Actions</b> 2.2.2.1 Continuing Medical Education: Increase the number of Continuing Medical Education opportunities that focus on cultural competency.  2.2.2.2 CLAS Standards: Promote and provide technical assistance on CLAS (Culturally and Linguistically Appropriate Services) standards and Think Cultural Health to advance the knowledge and cultural competency of health providers. Engage Kansas Area Health Education Center, professional health associations, local health departments in the effort.  2.2.2.3 Evaluate TRAIN Modules: Inventory and evaluate Kansas TRAIN modules related to cultural competency and cultural humility. Prioritize offerings to promote to specific professions.  2.2.2.4 Promote Cultural Competence Curriculums: Scan medical, nursing, and behavioral health education and credentialing organizations in Kansas that provide and approve initial and continuing education and work in collaboration with them to expand and promote curriculum and Continuing Education Unit (CEU) requirements addressing cultural competence.	<b>Responsible Party</b> Priority 2 Work Group	<b>Date Range</b> 1/01/23 - 12/31/27
<b>Goal</b> 2.3 Systems & Policy: Increase access to health through systemic policy change and implementation of financial strategies that align with and sustain our health goals for all Kansans.		<b>Key Performance Indicators</b> <ul style="list-style-type: none"> <li>• Medicaid expansion is approved implemented</li> <li>• % of ppl reporting no access to primary, MH/BH, dental care declines (BRFSS and Census data)</li> <li>• Inequities in Access report published by end of 2023</li> <li>• Data from Inequities in Access report presented 50 times annually (conferences, legislative hearings, media, LPH CHNAs)</li> <li>• PH workforce knows and actively talks with elected officials (survey data)</li> <li>• KanCare Re-enrollment metric</li> </ul>	
<b>Strategy</b> 2.3.1 Policy Review & Advocacy: Review and crosswalk current legislative and regulatory policies impacting access to care and health equity and	<b>Actions</b> 2.3.1.1 Establish Advocacy Committee: Establish an HK2030 Advocacy Committee to develop and coordinate policy advocacy across all four Priorities.	<b>Responsible Party</b> Priority 2 Work Group	<b>Date Range</b> 1/01/23 - 12/31/27  <b>Action 1:</b>

<p>advocate for removing policy barriers limiting the state’s ability to achieve desired health outcomes for all.</p>	<p>2.3.1.2 Identify Sponsor: Identify co-sponsors outside KDHE to convene and support HK2030 policy advocacy work. (Possible partner: KPHA Health Care Round Table.)</p> <p>2.3.1.3 Convene Stakeholders: Convene community shareholders to identify issues and opportunities for shared advocacy positions (public health, medical, oral, mental and substance use health providers/provider groups, community organizations, patient organizations, disability and long term care organizations, Tribal Communities, etc.)</p> <p><i>Evidence-based Resource:</i>  <a href="https://healthequityguide.org/strategic-practices/prioritize-upstream-policy-change/">https://healthequityguide.org/strategic-practices/prioritize-upstream-policy-change/</a></p> <p>2.3.1.4 Technical Assistance/Training Tools: Develop technical assistance/training, tools for local public health systems on relationship building with government/legislative representatives.</p> <p>2.3.1.5 Partnerships: Partner with organizations such as Kansas Health Institute, Kansas Leadership Center, Sunflower Foundation, Hansen Foundation, Kansas Health Foundation, and non-traditional partners to gather feedback from people living in Kansas to inform the advocacy issues.</p> <p>2.3.1.6 Strategic Alliances: Build and work with strategic alliances--community health coalitions, health prevention groups, state health coalitions, business/economic development organizations, etc.--to increase the strength of advocacy promoting policies that remove barriers to accessing care and improve health outcomes for all Kansans.</p> <p>2.3.1.7 Report on Access Disparities: Develop and publish an annual report on disparities in access to care.</p>	<p><b>Actions 1-6:</b>  HK2030 Steering Com &amp; All Priority Work Groups</p> <p><b>Action 7:</b>  Priority 2 Work Group</p>	<p>1/01/23 - 12/31/23</p>
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## Priority 3

**3 Facilitate Healthy Behaviors/Improve Health Literacy: Ensure all Kansans have access to accurate and usable health information that is culturally appropriate, easily understandable and empowers communities to remove barriers and support the foundations of a quality of life.**

*Community Sectors/Assets to be Engaged: Service and professional associations, health providers (individuals and organizations), faith-based organizations, business/commerce, foundations/funders, institutions of higher learning, community organizations/agencies addressing social and economic conditions influencing health.*

<p><b>Goal</b> 3.1 Information for Individuals: Create and support pathways for accessing meaningful health information.</p>	<p><b>Key Performance Indicators</b></p> <ul style="list-style-type: none"> <li>• # of downloads from Central Information hub increases (Baseline set in 2024)</li> <li>• Central information hub established by end of 2023</li> <li>• # of data collection efforts (or questionnaires) that include health literacy questions increases. (Baseline set in 2023)</li> <li>• 85% of the Central information hub users reporting “satisfied” or “very satisfied” with their experience on the site</li> </ul>		
<p><b>Strategy</b> 3.1.1 Commitment to Inclusion: Commit to engaging populations that have been historically or currently are at a high risk for poor health as a result of barriers they experience related to social, economic, political and environment resources, as well as limitations due to illness or disability in the work conducted to advance the Priority.</p> <p>Populations may include racial and ethnic minorities, including persons of Black, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander races and persons of Hispanic ethnicity; rural/urban residents; children; pregnant women; persons who are LGBTQIA+; older adults; persons living with a disability, persons with chronic illnesses; persons with housing instability or who are homeless; immigrant populations; displaced persons; persons with limited English proficiency; persons with low literacy; persons with low income; and others</p>	<p><b>Actions</b></p>	<p><b>Responsible Party</b> Priority 3 Work Group</p>	<p><b>Date Range</b> 1/01/23 - 12/31/27</p>
<p><b>Strategy</b> 3.1.2 Accessible Information: Work with community, regional, and state systems, (e.g. individuals with lived experience, community organizations, agencies and other partners) to ensure all Kansans can find health information and guidance that is in plain, linguistically and culturally appropriate language.</p>	<p><b>Actions</b></p> <p>3.1.2.1 Identify Potential Partners: Identify potential community, regional, state partners (e.g., libraries, research organizations, community centers, Local Health Equity Action Teams, schools, Medicaid navigators, Kansas Community Health Worker Coalition, IRIS, community health coalitions, community-based organizations, etc.) and reach out to engage them in this work.</p> <p>3.1.2.2 Learning Community: Convene a learning community to create and support opportunities for</p>	<p><b>Responsible Party</b> Priority 3 Work Group</p>	<p><b>Date Range</b> 1/01/23 - 12/31/27</p>

learning, networking and sharing among entities working to improve health literacy.

3.1.2.3 Identify/Evaluate Existing Sources of Health Information: Identify and evaluate existing sources of health information and guidance. Identify and engage possible partners for this research, e.g. KU, 1-800 Children

*Evidence-based Resource:*

<https://www.pewresearch.org/internet/2013/11/26/part-two-sources-of-health-information/>

3.1.2.4 Leverage Existing Information Resources: Develop and implement a strategy for leveraging existing evidence-based health information resources to ensure people know where to find information when needed. Consider how to ensure these resources align with Clear Communications practices. Develop/implement Information Sharing Agreements.

*Evidence-based Resource:*

<https://www.cdc.gov/healthliteracy/pdf/clear-communication-user-guide.pdf>

3.1.2.5 Aggregate & Share Resources: Consider development of a One-Stop Model – a centralized location (hub) to make resources accessible and available for people.

3.1.2.6 Engage Community Members: Authentically engage those with lived experience in the development of communications models/tools. Consider potential for hiring/engaging trusted members of communities to support information-sharing, especially to people most likely experience health disparities.

3.1.2.7 Access to Health/SDOH Survey Questions: Identify validated questionnaires/questions related to health literacy and Social Determinants of Health.

(a) Create a library of questions to be shared with stakeholders for their data collection efforts.

(b) Encourage stakeholders to use findings from their data collection efforts to inform any efforts related to improving health literacy.

3.1.2.8 Engage Partners in Information Gathering: Explore the feasibility of collecting health literacy related data through statewide efforts such as the Kansas Behavioral Risk Factor Surveillance System (BRFSS).

3.1.2.9 Identify Evidence-Based Strategies: Continue to seek

	<p>and deploy other evidence-based strategies to advance health literacy and access to health information in Kansas.</p> <p>3.1.2.10 Provide Information to Policymakers: Provide information to Kansas policymakers to inform any potential legislation that could impact health literacy.</p> <p>3.1.2.11 Recruit &amp; Engage New Partners in Priority Implementation: Identify and engage additional partners to advance the work of this Priority Work Group to advance the defined in this plan to facilitate healthy behaviors/improve health literacy.</p>		
<p><b>Strategy</b></p> <p>3.1.3 Policy Advocacy: Expanded Online Access: Advocate for policies to expand broadband to ensure individuals across Kansas have access to health information, resources, and care services.</p>	<p><b>Actions</b></p> <p>3.1.3.1 Evidence-Based Practices: Seek and deploy evidence-based strategies to advance online access to health information and resources in Kansas.</p> <p>3.1.3.2 Partner: Engage with the Institute for Policy and Social Research (IPSR) at the University of Kansas to leverage the results of the Kansas Broadband Study. <i>Resource: <a href="https://ipsr.ku.edu/broadband/kansas.shtml">https://ipsr.ku.edu/broadband/kansas.shtml</a></i></p>	<p><b>Responsible Party</b></p> <p>HK2030 Advocacy Com +Priority 3 Work Group</p>	<p><b>Date Range</b></p> <p>1/01/23 - 12/31/27</p>
<p><b>Goal</b></p> <p>3.2 Effective Communication by Systems/Organizations: Engage health systems and organizations in developing communications that effectively meet community needs.</p>		<p><b>Key Performance Indicators</b></p> <ul style="list-style-type: none"> <li>• # of organizations implementing updated communications plan increases (Baseline set 2023)</li> <li>• Online toolkit established by end of 2023</li> <li>• # of Communications tool kit downloads increases (Baseline set 2024)</li> <li>• Communications Learning Community established by end of 2023</li> <li>• # of organizations receiving TA on communications increases (Baseline set 2024)</li> <li>• -# of organizations reporting changes/improvements in communications as a result of TA increases (Baseline set 2024)</li> </ul>	
<p><b>Strategy</b></p> <p>3.2.1 Communication Resources: Support development of robust communication resources to improve access and utilization of health care, provider patient interactions and self-care. <i>Evidence-based Resource: <a href="http://www.ncbi.nlm.nih.gov/books/NBK45375/figure/ch2.f1/?report=objectonly">www.ncbi.nlm.nih.gov/books/NBK45375/figure/ch2.f1/?report=objectonly</a></i></p>	<p><b>Actions</b></p> <p>3.2.1.1 Work Group: Establish a multi-agency workgroup to develop a communication plan including recommendations and resources to support organizations across the state in providing consistent health messaging, improve communication with populations that experience health disparities, and improve overall health literacy.</p>	<p><b>Responsible Party</b></p> <p>Priority 3 Work Group</p>	<p><b>Date Range</b></p> <p>1/01/23 - 12/31/27</p>

	<p>3.2.1.2 Communication Resources/Toolkit: Develop resources for multi-channel communications (e.g., toolkit, common narrative) that have the flexibility, plain language and meet cultural/linguistic needs, etc. to be accessible to different constituencies.</p> <p>3.2.1.3 Engage Members of the Community: Engage/seek input from people with lived experience in developing/updating Communication Resources/Toolkit content to ensure it meets needs and the material is accessible/understandable.</p> <p>3.2.1.4 Partnerships/Collaborations: Engage a wide range of partners to use communications resources/toolkit to provide messaging.</p> <p>3.2.1.5 Learning Community: Convene a learning community to provide ongoing, evidence-based support to organizations and providers to help them communicate current and emerging context to their audiences.  <i>Evidence-based Resource:</i>  <a href="https://www.davita.com/physicians/clinical/integrated-care">https://www.davita.com/physicians/clinical/integrated-care</a></p>		
<p><b>Strategy</b>  3.2.2 Health Communications Training &amp; Support: Work in collaboration with health and healthcare organizations and providers (e.g., specialty associations, provider associations, Community Health Worker and other care coordination coalitions, ) to provide trainings, workgroups, peer learning sessions, coaching, to improve/advance cultural competency and communication skills of health organizations and providers. Issues to address: availability of health information in multiple languages, written and oral communication that is "understandable" language, communications that meet the needs of people with limitations in vision or hearing, etc.)</p>	<p><b>Actions</b>  3.2.2.1 Clear Communications Model: Develop and share a communications model using the CDC (Centers for Disease Control) Clear Communications Index to support health organizations and professionals in communicating in culturally and linguistically appropriate ways and advances delivery of effective and equitable communication with patients and communities.  <i>Evidence-based Resource:</i>  <a href="https://www.cdc.gov/ccindex/pdf/clear-communication-user-guide.pdf">https://www.cdc.gov/ccindex/pdf/clear-communication-user-guide.pdf</a></p> <p>3.2.2.2 Encourage Local Community Engagement: Encourage organizations across Kansas to engage local consumer advocates and a diverse group of individuals with lived experience when adapting these guidelines to their needs</p> <p>3.2.2.3 Education/Training on Cultural Competency/Communication: Provide education and training to health organizations and providers to improve/advance cultural competency and communication skills.</p> <p>3.2.2.4 Integrated/Ongoing Community/Provider</p>	<p><b>Responsible Party</b>  Priority 3  Work Group</p>	<p><b>Date Range</b>  1/01/23 - 12/31/27</p>

	Engagement: Establish integrated and ongoing community and provider authentic engagement, education, and communication with emphasis on delineated roles and involvement, development of community trust, understanding cultural values in the community, risk communications, and ongoing education and trust building;		
<p><b>Goal</b></p> <p>3.3 Empower Community Action: Empower Kansans and communities with the knowledge, opportunities, and conditions needed to support healthy lifestyles.</p>		<p><b>Key Performance Indicators</b></p> <ul style="list-style-type: none"> <li>• # of community-based initiatives supported grows (Baseline set in 2023)</li> <li>• # of Resource Development Capacity Building programs grows (Baseline set in 2023)</li> <li>• #/amount of capacity building grants increases (Baseline set in 2023)</li> <li>• State funding for care navigation increases by the end of the plan. (2022 baseline =X)</li> <li>• On-stop resource about funding established by the end of the plan</li> </ul>	
<p><b>Strategy</b></p> <p>3.3.1 Support Community-Based Initiatives: Support communities in leveraging local, state and national funding to support community health initiatives.</p>	<p><b>Actions</b></p> <p>3.3.1.1 Capacity Building: Grants/Funding: Build capacity of community organizations to identify and pursue funding through training/technical support. Engage groups such as: Office of Rural Prosperity, Blue Cross/Blue Shield Pathway Communities, Chronic Disease Risk Reduction (CDRR), Kansas Health Foundation, Wichita State University Community Engagement Institute, Kansas Leadership Center, K-State Research &amp; Extension.</p> <p>3.3.1.2 Online Toolbox: Develop an online grant/fund development “toolbox” as online reference resource community organizations and local health departments can use to support development of their funding requests. (Example: KU Community Toolbox)</p> <p>3.3.1.3 Promote Existing Information Resources: Promote available systems such as the Kansas Health Matters, BRFSS (Behavioral Risk Factor Surveillance System), PRAMS (Pregnancy Risk Assessment Monitoring System), state and local health department Community Health Assessments, etc. as an information resources communities can use to support funding requests.</p> <p>3.3.1.4 Learning Community: Convene a learning community to provide ongoing evidence-based information</p>	<p><b>Responsible Party</b></p> <p>Priority 3 Work Group</p>	<p><b>Date Range</b></p> <p>1/01/23 - 12/31/27</p>

	<p>and support to organizations and providers to help them leverage funding and share services for grant development.</p> <p>3.3.1.5 Expand Who is at the Table: Develop and implement a strategy for identifying and engaging organizations that have not been historically connected to resource development training and support.</p> <p>3.3.1.6 Funding Information in Health Information Hub: Ensure that the centralized health information hub (described in 3.1.3.5) includes a robust section related to available funding.</p>		
<p><b>Strategy</b> 3.3.2 Promote Expansion of Care Navigation Resources: Support expansion of care navigation--community health workers, Promotoras de Salud, lay health advisors, peer coaches, doulas/midwives, home visitors, etc.--as an essential community resource for overcoming barriers to accessing information and services.</p>	<p><b>Actions</b> 3.3.2.1 Policy Advocacy: Funding to Expand Care Navigation Resources: Promote the value/importance of Care Navigation resources and advocate for additional funding to expand the availability of these to all Kansans</p> <p>3.3.2.2 Support/Develop Community Health Resource Events/Activities: Support communities/organizations in developing/offering more collaborative events where the public to engage with community health resources including Community Health Workers, care navigators</p> <p>3.3.2.3 System Level Communications Model: Create an evidence-based model to support system-level communication/connection. E.g., Community Engagement TA to connect communities to resources; consider how to develop a consolidated resource hub for counties/regions.</p>	<p><b>Responsible Party</b> Priority 3 Work Group</p> <p><b>Action 1:</b> HK2030 Advocacy Com +Priority 3 Work Group</p>	<p><b>Date Range</b> 1/01/23 - 12/31/27</p>
<p><b>Strategy</b> 3.3.3 Support Community Relationship Building: Build capacity of organizations to develop strong relationships with communities experiencing inequities/barriers to health and to identify and implement community solutions to resolving them.</p>	<p><b>Actions</b> 3.3.3.1 Civic Engagement Guidance/Support: Provide guidance/Technical Assistance to local health departments, non-profit hospitals, community health collaborations, local Extension units, etc. on cultivating community/civic engagement. Authentically engage individuals with lived experience in informing guidance.</p> <p>3.3.3.2 CHA Guidance/Support: Provide guidance/technical Assistance to local health departments, non-profit hospitals and community health collaborations in conducting Community Health Needs Assessments and incorporating a equity lens.</p> <p>3.3.3.3 CHIP Guidance/Support: Provide guidance/Technical Assistance/support local health departments, non-profit hospitals, community health collaborations, etc. on creating Community Health Improvement Plans incorporating a health equity lens.</p>	<p><b>Responsible Party</b> Priority 3 Work Group</p>	<p><b>Date Range</b> 1/01/23 - 12/31/27</p>



3.3.3.4 CHNA/CHIP Library: Explore the opportunity to create a reference "library" of CHNAs/CHIPs.

3.3.3.5 Convene Community Shareholders: Convene community shareholders, including potential funders, corporations, local government, community-based organizations, Tribal Communities to discuss opportunities to support efforts aiming to address inequities/barriers to health that exist in communities.

## Priority 4

### 4 Improve Public Health Funding & Capacity: Strengthen/expand the capacity and capability of public health system and its collaborative partners to improve the health and well-being of all Kansans through expanded funding and support.

*Community Sectors/Assets to be Engaged: Service and professional associations, health providers (individuals and organizations), faith-based organizations, business/commerce, foundations/funders, institutions of higher learning, community organizations/agencies addressing social and economic conditions influencing health.*

<p><b>Goal</b></p> <p>4.1 Tell the Story: Promote the purpose and value of public health to assure consistent and accurate understanding of and confidence in the public health system to support the health and well-being of Kansans.</p>	<p><b>Key Performance Indicators</b></p> <ul style="list-style-type: none"> <li>• Communications and advocacy efforts advanced by partners increase (demonstrated by survey data)</li> <li>• Increasing use of health data demonstrated by increase in site visits to Kansas Health Matters, BRFS, PRAMS</li> <li>• Number of Google alerts received regarding key information shared increase</li> <li>• Media mentions of information shared increases demonstrated by media tracking (e.g., NewsBank)</li> <li>• Downloads from communications clearinghouse increase (Baseline to be set when launched)</li> <li>• Shared list of priority health indicators established by end of 2024</li> <li>• Data collections/analysis capacity of community partners improves as demonstrated by survey data (Baseline set 2023)</li> </ul>		
<p><b>Strategy</b></p> <p>4.1.1 Commitment to Inclusion: Engage populations that have been historically or currently are at a high risk for poor health as a result of barriers they experience related to social, economic, political and environment resources, as well as limitations due to illness or disability in the work conducted to advance this Priority.</p> <p>Populations may include racial and ethnic minorities, including persons of Black, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander races and persons of Hispanic ethnicity; rural/urban residents; children; pregnant women; persons who are LGBTQIA+; older adults; persons living with a disability, persons with chronic illnesses; persons with housing instability or who are homeless; immigrant</p>	<p><b>Actions</b></p>	<p><b>Responsible Party</b></p> <p>Priority 4 Work Group</p>	<p><b>Date Range</b></p> <p>1/01/23 - 12/31/27</p>

<p>populations; displaced persons; persons with limited English proficiency; persons with low literacy; persons with low income; and others</p>			
<p><b>Strategy</b>  4.1.2 Communications Plan: Develop a responsive and adaptive communication plan to disseminate clear, consistent, and relatable messages about public health and how it serves to protect and improve the health of all, and speaks to what is important to community members, partners, and contributors.  <i>Evidence-based Resource:</i>  <a href="https://aea365.org/blog/as-an-evaluator-do-i-use-words-e-g-stakeholder-that-can-be-harmful-to-others-by-goldie-macdonald-anita-mclees/">https://aea365.org/blog/as-an-evaluator-do-i-use-words-e-g-stakeholder-that-can-be-harmful-to-others-by-goldie-macdonald-anita-mclees/</a></p>	<p><b>Actions</b>  4.1.2.1 Branding, Communications &amp; Definitions: engage system partners, community and state policymakers, business community, etc., in exploration of the public health brand, including what they want from public health. Use insights to develop and frame communications and to support development of definitions of public health and other important terminology that resonate with all populations.  4.1.2.2 Leverage Communications Channels: Leverage social media, agency-wide communications, newsletters, earned media, podcasts, public events, etc. to raise awareness about public health and its impact on the lives and future of all Kansans.  4.1.2.3 Tracking Partner Engagement in Communications: Develop a mechanism for logging community partner engagement in advancing Healthy Kansans 2030 State Health Improvement Plan communication goals (e.g., survey; Questions to consider: how many times legislative testimony delivered, how many times did you meet with your local chamber of commerce; number of social media posts, newsletters sent annually, what data/how data is being used in communications, data collection/analysis capacity, etc.)  4.1.2.4 Recruit &amp; Engage New Partners in Priority Implementation: Identify and engage additional partners to advance the work of this Priority Work Group to implement the work defined in this plan to improve public health funding and capacity.</p>	<p><b>Responsible Party</b>  Priority 4  Work Group</p>	<p><b>Date Range</b>  1/01/23 - 12/31/27</p>
<p><b>Strategy</b>  4.1.3 Conduct/Disseminate Research: Conduct, analyze, synthesize, re-package and publicly present actionable state, regional and local demographic, health, and socio-economic data that helps build the business case for public health funding.</p>	<p><b>Actions</b>  4.1.3.1 Forecasting/Foresight: Use strategic foresight to create positive and negative future public health scenarios and identify signals today that indicate we are moving towards the scenarios. Use these scenarios to create future artifacts that provide a tangible means for citizens to bridge the conversation from decisions about public health today to decisions about tomorrow and future generations.  4.1.3.2 Data Supported Policy Advocacy: Use data to inform policy advocacy for public health funding from public and private sources and the policy advocacy work of all Healthy Kansans 2030 Priority Work Groups by creating maps and</p>	<p><b>Responsible Party</b>  Priority 4  Work Group</p>	<p><b>Date Range</b>  1/01/23 - 12/31/27</p>

<p>other compelling graphics, short reports/briefs, and fact sheets to disseminate data.</p> <p>4.1.3.3 Data Usage Tracking: Work collaboratively with Kansas Health Matters, BRFSS (Behavioral Risk Factor Surveillance System), PRAMS (Pregnancy Risk Assessment Monitoring System), etc., to access data re: site visits/usage and visit surveys about how data being accessed is used.</p> <p>4.1.3.4 Data Standards Guide: Engage system partners, policymakers, business community, etc., in developing a list of short, medium, long-term demographic, health, and socio-economic data indicators for tracking and analysis.</p> <p>4.1.3.5 Feedback Loop: Establish a feedback loop with system partners, policymakers, business community, regarding data provided to understand effectiveness/impact, useability, accessibility.</p> <p>4.1.3.6 Support/Improve Data Collection/Analysis Capacity: Support/develop capacity building of community partners and health department staff to improve and advance their data analysis, research, and evaluation skills. Track improvement through survey.</p> <p>4.1.3.7 SDOH Tracking/Reporting: Work with other government agencies and partners to: 1) identify, analyze, and report data about the social determinants of health (Use Kansas Health Matters as a resource), and 2) apply parallel approaches to data collection, analysis, and reporting in a way that is accessible to the public.</p>		
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<p><b>Goal</b></p> <p>4.2 Public Health Investment: Strengthen the capacity and capability of the public health system and its collaborative partners to improve the health and well-being of all Kansans through expanded funding and support.</p>	<p><b>Key Performance Indicators</b></p> <ul style="list-style-type: none"> <li>• Funding and human capacity for public health work is expanded and sustained.</li> <li>• # of public health scenario planning summits/webinars held</li> <li>• Philanthropic funding/support for convening scenario planning summits secured</li> <li>• # of funding asks submitted/testimony submitted in support of ask increase (track at state level and via KGMS grant request data)</li> <li>• Public Health Fiscal Assessment completed by 2025</li> <li>• Report on potential financing</li> </ul>
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		strategies completed by 2024	<ul style="list-style-type: none"> <li>• Innovation Fund summit held by 2024</li> <li>• Community Innovation Fund established by the end of the 2027</li> </ul>
<p><b>Strategy</b> 4.2.1 Workforce Development: Secure the resources and buy-in needed to ensure Kansas has a diverse public health workforce that reflects the communities served now and in the future.</p> <p><i>Evidence-based Resource:</i> <a href="https://healthequityguide.org/strategic-practices/build-organizational-capacity/">https://healthequityguide.org/strategic-practices/build-organizational-capacity/</a></p>	<p><b>Actions</b></p> <p>4.2.1.1 Define/Promote Vibrant Public Health Workforce: Promote the attributes of a vibrant public health workforce positioned to meet current and future needs. Prepare workers to anticipate and adapt to technological, governmental, cultural, and societal changes.</p> <p>4.2.1.2 Remove Barriers to Workforce Development: Engage leaders to identify and alleviate barriers to public health workforce development. Engage leaders in public health scenario planning around public health possible futures (positive and negative) to inform/move decision-makers. Seek support from philanthropic funders to convene/host these sessions.</p> <p>4.2.1.3 Policy Advocacy: Increase Workforce Development Resources: Advocate for the resources needed to support development and retention of this workforce.</p>	<p><b>Responsible Party</b> Priority 4 Work Group</p> <p><b>Action 3:</b> Priority 4 Work Group +HK2030 Advocacy Com</p>	<p><b>Date Range</b> 1/01/23 - 12/31/27</p>
<p><b>Strategy</b> 4.2.2 Public Health Investment: Seek increased public health investment by gathering and sharing data/information to support advocacy around increasing public health funding to ensure Kansas has the public health infrastructure in place to protect and promote health now and in the future.</p>	<p><b>Actions</b></p> <p>4.2.2.1 Public Health Fiscal Assessment: Secure a partner and conduct a robust Public Health Fiscal Assessment to identify needed community, state, and federal investment to ensure an adequate public health system now and in the future.</p> <p>4.2.2.2 Innovative Financing Strategies: Explore and identify opportunities to establish innovative financing strategies for public health efforts. e.g., Braiding/Blending resources, establish 501c-3 collaboratives, cross-jurisdictional sharing, partnerships with the business community and Community-Based Organizations.</p> <p><i>Evidence-based Resource:</i> <a href="https://healthequityguide.org/strategic-practices/allocate-resources/">https://healthequityguide.org/strategic-practices/allocate-resources/</a></p> <p>4.2.2.3 Community Innovation Fund: Explore creation of a Community Innovation Fund to support public health programs at the local level.</p> <p><i>Evidence-based Resource:</i></p>	<p><b>Responsible Party</b> Priority 4 Work Group</p>	<p><b>Date Range</b> 1/01/23 - 12/31/27</p>

	<p><i>Resource: <a href="https://theequityguide.org/strategic-practices/allocate-resources/">https://theequityguide.org/strategic-practices/allocate-resources/</a></i></p> <p>4.2.2.4 Align Funding with Upstream Interventions: Align funding with Upstream Interventions: Use the Equity Pyramid to identify opportunities to align funding with upstream interventions.</p> <p><i>Evidence-based Resource: <a href="https://theequityguide.org/strategic-practices/allocate-resources/">https://theequityguide.org/strategic-practices/allocate-resources/</a></i></p>		
<p><b>Strategy</b></p> <p>4.2.3 Advocacy: Engage Healthy Kansans 2030 Work Groups and other health and community organizations in advocating for increased public health funding at all levels.</p>	<p><b>Actions</b></p> <p>4.2.3.1 Communication &amp; Coordination: Establish a process for communicating advocacy issues and coordinating messaging.</p>	<p><b>Responsible Party</b></p> <p>Priority 4 Work Group +HK2030 Advocacy Com</p>	<p><b>Date Range</b></p> <p>1/01/23 - 12/31/27</p>

## Goal Shared by ALL Priority Workgroups

<p><b>Goal</b>          Work Group Collaboration &amp; Commitments: Work in collaboration with all Priority Work Groups to implement a shared approach to:</p> <ul style="list-style-type: none"> <li>• Engaging individuals and communities in the State Health Improvement Plan</li> <li>• Developing indicators of progress/performance</li> <li>• Conducting communications and policy advocacy</li> <li>• Evaluating the work being implemented and providing progress reports to community shareholders</li> <li>• Making changes to the Strategies/Actions defined in the plan</li> <li>• Identifying and advancing evidence-based strategies</li> </ul>		<p><b>Key Performance Indicators</b></p>	
<p><b>Strategy</b>          Coordinate Efforts: Work collaboratively with representatives of other Priority Work Groups to establish a coordinated approach to plan implementation and oversight.</p>	<p><b>Actions</b></p> <p>1 Recruit &amp; Engage New Partners/Leverage Community Assets: Continue to actively seek and engage additional partners and leverage existing community assets and skills to implement the strategies to strengthen/improve the capability and capacity of the public health system through expanded funding and support.</p> <p>2 Policy Advocacy: Establish a structure for developing, sharing and supporting policy advocacy efforts advanced by individual Priority Work Groups and by the HK2030 effort collectively. Consider creation of Advocacy Committee as suggested in Action 2.3.1.1</p> <p>3 Communications: Establish a structure for guiding/supporting communications related to individual Priority Work Group efforts and by HK2030 effort collectively. Consider the potential for creating a Communications Work Group.</p> <p>4 Convening: Establish a structure for coordinating Priority Work Group plans to convene community shareholders. Seek opportunities to co-convene with other Work Groups and/or to incorporate topics/interests from other Work Groups</p>	<p><b>Responsible Party</b></p> <p>Priority Work Group 1          Priority Work Group 2          Priority Work Group 3          Priority Work Group 4          KDHE SHIP Support Team</p>	<p><b>Date Range</b></p> <p>1/01/23 - 12/31/27</p>

into meeting agendas.

5 Review/Refine/Align Plan Metrics: Work collaboratively with other Priority Work Groups to review, refine, and align Key Performance Indicators across the plan. Consider the potential for creating a committee/task force to conduct this review and submit recommended revisions.

6 Plan Evaluation & Reporting: Follow the SHIP Oversight Policy and Procedure adopted by the HK2030 Steering Committee. Assess and report on plan progress bi-annually.

7 Continuous Improvement & Plan Changes: Seek opportunities to continuously strengthen/improve the outcomes and impact of this Priority by adjusting the Strategies and Actions being advanced when appropriate. Follow the process for plan changes as outlined in the SHIP Oversight Policy & Process adopted by the HK2030 Steering Committee.

8 Evidence-based Practices: Actively pursue identification and implementation of evidence-based strategies and actions to advance the goals of this Priority.



**HK2030 State Health Improvement Plan**  
**Plan Progress Assessment, Reporting and Changes**  
**Policy and Procedure**  
**Approved 10/6/2022**

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*Policy*

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It is the intention of the Healthy Kansans 2030 Steering Committee to maximize the use of the State Health Improvement plan as our “road map” by maintaining an ongoing process of plan assessment, reporting, and updating, to ensure our focus and efforts are targeted to meeting plan goals and addressing the health priorities defined. To that end, the Committee expects and will receive high-level reports on progress bi-annually.

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*Procedure*

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1. Assessment Calendar
  - Full plan assessments will be conducted twice a year in (mid-year and end of year) and reports/scorecards of assessment results will be provided to the Steering Committee.
2. Plan Oversight and Assessment Responsibilities
  - Priority Work Groups will have primary responsibility for assessing plan progress.
3. Assessment and Reporting Process
  - The KDHE Core Planning Team will aggregate the assessments from all Priority Work Groups into a single scorecard to be shared with the Steering Committee and ultimately reported publicly.
  - As appropriate a liaison from each Work Group may attend Steering Committee meetings to present assessment highlights.
4. SHIP Plan Changes During the course of ongoing operations and/or because of insights gained through the assessment process, the need for plan changes may be identified. The following describes the process and authority for making and approving changes to the plan.
  - Actions: Work Groups may make additions/adjustments to Actions in their section of the plan as long as these changes do not compromise fulfillment of the strategy. These changes will be reported to the Core Planning Team who will be responsible for updating the plan document and sharing the new version with all Work Groups and the HK2030 Steering Committee.
  - Strategies, Goals, KPI's: Work Groups will submit recommendations for changes to Strategies, Goals or KPI's to the Steering Committee for review and approval. Work Groups are encouraged to submit these recommendations at the time they report progress assessment. The Steering Committee can vote to approve changes in a meeting or via email. Once changes have been made, the Core Planning Team will enter them into the SHIP and re-issue updated plan documents to the Steering Committee and SHIP Work Groups.

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## Priority Work Group Oversight Assignments (Proposed)

Priority & Goals	Board Committee	KDHE Liaison
<b><i>Priority 1: Promote the health and wellbeing of all Kansans by addressing inequities in health through policy, system, and environmental interventions at the state and local levels.</i></b>	Priority 1 Work Group	TBD
1.1 Identify Priority Inequities and Address Conditions to Promote Health Equity: Work with people who historically and systematically experience barriers to health to prioritize health inequities and to develop and implement equity-promoting solutions at state and community levels.	Priority 1 Work Group	
<b><i>Priority 2: Develop seamless collaborative systems that remove barriers to access and support the delivery of coordinated person-centered care.</i></b>	Priority 2 Work Group	TBD
2.1 Build/Invest in Systems to Improve Care Navigation: Build and invest in seamless systems of care to make navigation of health care less burdensome.	Priority 2 Work Group	
2.2 Provider Recruitment & Training: Support recruitment of high-quality, culturally competent/culturally humble providers who reflect the diversity of our population.	Priority 2 Work Group	
2.3 Systems & Policy: Increase access to health through systemic policy change and implementation of financial strategies that align with and sustain our health goals for all Kansans	Priority 2 Work Group	
<b><i>Priority 3: Ensure all Kansans have access to accurate and usable health information that is culturally appropriate, easily understandable and empowers communities to remove barriers and support the foundations of a quality of life.</i></b>	Priority 3 Work Group	TBD
3.1 Information for Individuals: Create and support pathways for accessing meaningful health information.	Priority 3 Work Group	
3.2 Effective Communication by Systems/Organizations: Engage health systems and organizations in developing communications that effectively meet community needs.	Priority 3 Work Group	
3.3 Empower Community Action: Empower Kansans and communities with the knowledge, opportunities, and conditions needed to support healthy lifestyles.	Priority 3 Work Group	
<b><i>Priority 4: Strengthen/expand the capacity and capability of public health system and its collaborative partners to improve the health and well-being of all Kansans through expanded funding and support.</i></b>	Priority 4 Work Group	TBD
4.1 Tell the Story: Promote the purpose and value of public health to assure consistent and accurate understanding of and confidence in the public health system to support the health and well-being of Kansans.	Priority 4 Work Group	
4.2 4.2 Invest in Public Health: Strengthen the capacity and capability of the public health system and its collaborative partners to improve the health and well-being of all Kansans through expanded funding and support.	Priority 4 Work Group	