

History

The current Kansas Center for Health Disparities (KCDH) was originally established as the Office of Minority Health in 2005 by the Secretary of Health and Environment.

Health Priorities

The Kansas Department of Health and Environment (KDHE) has identified the following health priorities for the people of Kansas:

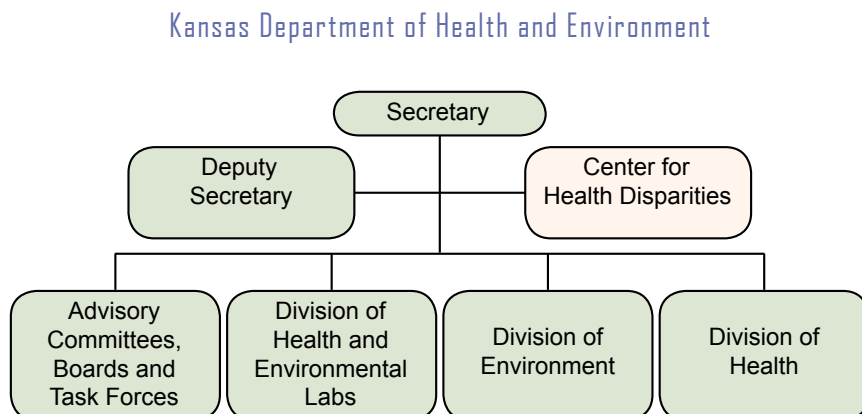
Health Priorities for the General Population
Physical activity
Overweight and obesity
Tobacco use
Access to health care
Responsible sexual behavior

Overview

	Funding for MH/HD Activities	Personnel Dedicated to MH/HD	MH/HD Unit	MH/HD Advisory Body	State MH/HD Legislation or Mandate	MH/HD Strategic Plan	Evaluation of MH/HD Activities
Kansas	✓	✓	✓	✓	✗	✓	✓
Total Affirmative Responses out of 46	30	38	36	36	27	36	39

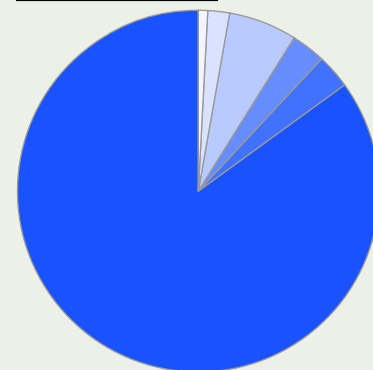
Organization, Infrastructure and Resources

The following is a simplified organizational chart that demonstrates the location of the state's racial/ethnic minority health focal point in relation to the State/Territorial Health Official and other key public health offices:



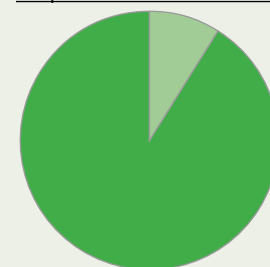
Total State Population:
2,764,075

Racial Distribution



- American Indian/Alaskan Native (1%)
- Asian (2%)
- Black/African American (6%)
- Native Hawaiian/Pacific Islander (0%)
- Other Race (3%)
- Two or More Races (3%)
- White (85%)

Hispanic/Latino Ethnic Distribution



- Hispanic/Latino Ethnicity (9%)
- Non-Hispanic/Latino Ethnicity (91%)

Note: People can self-identify as members of any racial group in the Census, as well as report having Hispanic/Latino ethnicity.

Source: 2006 American Community Survey, US Census Bureau

Strategic Planning

The Center for Health Disparities (KCHD) has developed the Strategic Plan to Eliminate Health Disparities in Kansas to direct KDHE and KCHD efforts to eliminate racial/ethnic health disparities. It is structured around the following goals:

Partnerships

- The KCHD consults with an internal Health Disparities Advisory Committee that advises leadership on racial/ethnic minority health and health disparities (MH/HD) issues in the state.
- MH/HD activities are conducted and coordinated across multiple KDHE program offices including: Behavioral/Mental Health/Substance Abuse, Chronic Disease, Epidemiology, Infectious Disease, Maternal and Child Health, and Public Information and Policy.
- KDHE maintains partnerships with an array of external entities active in MH/HD including: local health departments; local, tribal, state and federal government agencies; MH/HD advisory bodies; community- and faith-based and non-profit organizations; health systems; foundations; schools; universities; professional associations and the media.

Goal 1.1	Ensure public health advocacy in health equity for racial/ethnic populations in Kansas by raising awareness and educating state legislators
Tracking Methods:	Total number of health policy changes developed and presented by OMH and public health partners to the state legislature; total number of health policy changes implemented by the state legislature that improve delivery and access to health care for racial/ethnic minority populations
Goal 1.2:	Increase the number of health students and professionals of racial/ethnic minority origin at institutions of higher learning
Tracking Methods:	Increase percentage of racial/ethnic faculty and students in health-related fields at higher learning institutions in Kansas by 5% from baseline; increase percentage of racial/ethnic faculty in teaching positions at health professional schools by 5% from baseline
Goal 1.3:	Establish and sustain a Kansas Health Disparities Advisory Board, that will develop strategies to advocate for health care equity in local communities with the support of KCHD
Tracking Methods:	Develop a standardized evaluation tool to assess progress towards program goals and objectives with measurable outcomes
Goal 1.4:	Conduct a centralized, comprehensive study of identified health disparities in racial/ethnic minority populations for archival data sources
Tracking Methods:	Total number of grants and legislative funding sources identified and secured; total number of disease-specific initiatives implemented and developed for recommendations of data analysis from the Kansas Health Institute racial/ethnic health disparity study for African-Americans, Hispanics, Native Americans and Asian/Pacific Islanders
Goal 2.1:	Reduce the incidence and prevalence of diseases disproportionately affecting racial/ethnic minority populations in Kansas
Tracking Methods:	Total number of community-driven health related initiatives in identified health disparity areas of Wichita, Garden City and Kansas City; monitoring of data from fiscal year (FY) 06 through FY10 for disease-specific health disparities from identified sources to formulate process outcomes and quality indicators
Goal 2.2:	Increase collaborative partnerships between the KCHD and public/private entities targeting racial/ethnic population health issues
Tracking Methods:	Total number of community health partnerships established for new initiatives in counties identified as health disparity areas; total number of disease-specific health events provided to serve racial and ethnic minority populations in health disparity areas with community partners
Goal 3.1:	Heighten visibility of Kansas Office of Minority Health and awareness of its mission state-wide
Tracking Methods:	Monitor state-wide media campaign to establish and maintain 75% name identification of the original Office of Minority Health within target populations; total number of focus groups conducted in Wichita, Garden City and Kansas City with racial/ethnic populations to increase awareness of resources, programs and name identification

Goal 3.2: Encourage public health professionals to effectively address health disparities of racial/ethnic minority populations during public health priority setting, decision-making and program development

Tracking Methods: Number of Health Disparities Conference Summaries distributed that contain a conference overview, summary of barriers to health care, recommendations for goals and objectives, a call to action, conference evaluation results, feedback from speakers and participants, summary of data, and recommendations for improvement

Goal 4.1: Promote public education and awareness of racial/ethnic minority health issues, prevention initiatives and access to quality health care

Tracking Methods: Total number of trainings provided in cultural competency; collection of demographic information on training participants including health program type, geographic location, populations served, and interventions delivered; track participant feedback

Human Capital Investments

The following staff dedicate all or part of their work hours to MH/HD activities at the KDHE:

Job Category	Total Number Dedicated to MH/HD	% of Work Hours Each Spends on MH/HD Activities
Administrator/Director	1	100%
Program Specialist	1	25%
Administrative/Clerical Staff	1	25%

Financial Investments

KDHE reported funding for minority health and health disparities (MH/HD) activities for fiscal year 2006 only. The funding included \$500 in federal funds and \$18,000 from other sources including faith-based organizations, pharmaceutical companies and foundations.

Activities

Healthy Cultures, Healthy Kansas Health Disparities Conference

This annual health disparities forum was first initiated in 2006 to bring together over 300 state, local and community-based health organizations, and providers interested in eliminating health disparities. The purpose was to form collaborative partnerships, improve coordination and utilization of health disparities research, and share information regarding funding opportunities for health disparities activities in Kansas.

Partners (and Funding)

KDHE, KCHD, Glaxo Smith Kline (\$5,000), Sunflower Foundation (\$5,000), United Methodist Health Ministries (\$3,000) and the USDHHS Region VII Minority Health Representative (\$500)

Activity Outcomes

New health disparities partnerships and collaborations, development of community champions to advocate for the health of racial/ethnic minorities in Kansas

Evaluation Methods

Analysis of attendee survey feedback

Activities continued...

Community Access Survey

In cooperation with partners and stakeholders in communities of color, the KCHD conducted a health preferences survey of 100 private, public and non-profit health stakeholders in geographic areas in Kansas with identified health disparities. The survey collected data from racial, ethnic and tribal populations regarding existing health resources and preferences and information currently available in their communities. The survey was piloted at minority focus groups and community working groups.

Partners

KCHD, Lawrence Latino Coalition and local health departments

Activity Outcomes

The survey provided valuable information regarding the knowledge and perceptions of representatives from minority communities regarding health and health care, barriers to care, and the personal impact of health disparities. However, results are not conclusive due to small sample size.

Evaluation Methods

Administration and analysis of survey results

Praise Break Gospel Explosion

The KDHE identified disproportionately high rates of stroke and heart disease among African Americans in Kansas. The KDHE formed partnerships with Black health care organizations and faith communities to reduce the incidence and prevalence of these conditions among African Americans through an outreach and education campaign at predominantly African American churches in 2007. Congregants received health information about the causes, risk factors and methods for preventing and treating heart disease and stroke as well as blood pressure screening.

Partners

KCHD, American Heart Association, Black Healthcare Consortium, Morning Star Baptist Church

Activity Outcomes

Health screenings for high blood pressure and cholesterol, increased awareness regarding risk factors for stroke and heart disease for hundreds of African Americans active in the faith community

Evaluation Methods

Post-activity surveys and activity participant counts

Multicultural Diabetes Summit

The KCHD held an education and training summit to discuss and share information regarding the causes, effects, the means for preventing and treating diabetes among minority populations in Kansas. The summit mobilized community champions and service providers and enlisted them in KDHE's efforts to prevent and treat diabetes in minority communities. Specifically, it facilitated KDHE's efforts to engage local stakeholders as cultural brokers – those who are uniquely positioned to reach at-risk populations about diabetes in a culturally competent manner.

Partners (and Funding)

KCHD, Glaxo Smith Kline (\$5,000), American Diabetes Association, the Black Nurses Association's Center for Health and Wellness, Prairie Band of the Pottawatomi Tribe

Activity Outcomes

Increased involvement of new partners in addressing causes, impacts and treatment of diabetes in minority communities

Evaluation Methods

Analysis of attendee survey feedback

Kansas' primary contact for racial/ethnic minority health and health disparities is:

Sharon Goolsby, RN

Director, Center for Health Disparities
Kansas Department of Health and Environment
<http://www.minorityhealthks.org/>
Phone: ((785) 296-5577