



Healthy Kansans 2010 & Tobacco Prevention for Priority Populations



March 29th 2007

What is Healthy Kansans 2010?

- Healthy Kansans 2010 builds on a comprehensive, nationwide health promotion and disease prevention agenda, Healthy People 2010.

What is Healthy People 2010?

Healthy People 2010 is designed to achieve two overarching goals:

- Increase the quality of years of healthy life
- Eliminate health disparities

Healthy People is designed around:

- 28 focus areas
- 467 objective



Healthy People 2010 Focus Areas

- Maternal Infant Child Health
- Oral Health
- Hearing
- HIV & STD
- Family Planning
- Arthritis
- Childhood & Adult Immunization
- Disability
- Environmental Health
- Nutrition & Overweight
- Respiratory Health
- Physical Activity & Fitness
- Food Safety

- Occupation Health
- Vision
- Heart Disease & Stroke
- Diabetes
- Mental Health
- Substance Abuse
- Injury and Violence
- Cancer
- Tobacco
- Chronic Kidney Disease
- Public Health Infrastructure
- Access to Care
- Medical Product Safety
- Educational & Community Based Program
- Health Communication

Leading Health Indicators

Progress is measured by the 10 Leading Health Indicators, which provide a snapshot of health:

- Physical Activity
- Overweight and Obesity
- Tobacco Use
- Substance Abuse
- Responsible Sexual Behavior
- Mental Health
- Injury and Violence
- Environmental Quality
- Immunization
- Access to Health Care

The Leading Health Indicators

The Leading Health Indicators serve as a link to the 467 objectives in Healthy People 2010 and were selected based on:

- Ability to motivate action
- Availability of data to measure their progress
- Their relevance as broad public health issues

Healthy Kansans 2010

- Throughout 2005, a group of Kansans came together, using Healthy People 2010 as a guide, to identify and adopt health priorities that will improve the health of all Kansans.

Healthy Kansans 2010

- The process resulted in a set of recommendations for change. If implemented, they will markedly improve the health of Kansans.
- Progress will be measured by the 10 Leading Health Indicators.

Healthy People/Kansans 2010: 10 Leading Health Indicators

Objective	Kansas Rate	HP2010 Goal
Physical Activity		
Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion.	70% (2005 KS Youth Risk Behavior Surveillance System, grades 9-12)	85% (grades 9-12)
Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day.	33% (2003 KS BRFSS)	50%
Overweight and Obesity		
Reduce the proportion of children and adolescents who are overweight or obese.	11% (ages 12-18, 2002 KS Youth Tobacco Survey)	5% (ages 12-19)
Reduce the proportion of adults who are obese.	23% (2004 KS BRFSS)	15%
Tobacco Use		
Reduce cigarette smoking by adolescents	21% (2005 KS Youth Risk Behavior Surveillance Survey)	16% (grades 9-12)
Reduce cigarette smoking by adults	20% (2004 KS BRFSS)	12%
Substance Abuse		
Healthy People: Increase the proportion of adolescents not using alcohol or any illicit drugs during the past 30 days	69% of 6 th , 8 th , 10 th , and 12 th graders reported <i>not</i> using alcohol at least once in the past 30 days 91% of 6 th , 8 th , 10 th , and 12 th graders reported <i>not</i> using marijuana at least once in the past 30 days (2005 Kansas Communities That Care Survey Youth Survey)	89%
Reduce the proportion of adults engaging in binge drinking of alcoholic beverages during the past month.	13% (2004 KS BRFSS)	6%

Healthy People/Kansans 2010: 10 Leading Health Indicators

Objective	Kansas Rate	HP2010 Goal
<i>Responsible Sexual Behavior</i>		
Increase the proportion of adolescents who abstain from sexual intercourse	55% (Abstinence only - 2005 KS Youth Risk Behavior Surveillance System, grades 9-12)	95% (includes abstinence or condom use if sexually active)
<i>Mental Health</i>		
Increase the proportion of adults with recognized depression who receive treatment	No Kansas data available that is directly comparable to the HP2010 target	50%
<i>Injury and Violence</i>		
Reduce deaths caused by motor vehicle crashes	18.5 deaths per 100,000 population (2004 Vital Statistics, KDHE)	9.2 deaths per 100,000 population
Reduce homicides	4.3 homicides per 100,000 population (2004 KS Vital Statistics)	3.0 homicides per 100,000 population
<i>Environmental Quality</i>		
Reduce the proportion of persons exposed to air that does not meet the U.S. Environmental Protection Agency's health-based standards for ozone.	0% (EPA Aerometric Information Retrieval System)	0%
<i>Immunization</i>		
<i>HP2010 Objective: Increase the proportion of young children who are fully immunized (4:3:1:3:3 series)</i>	83.8% (4:3:1:3:3 series - 2005 National Immunization Survey)	80% (4:3:1:3:3 series)
<i>Increase the proportion of noninstitutionalized adults aged 65 years and older who are vaccinated annually against influenza.</i>	68% (2004 KS BRFSS)	90%
<i>Increase the proportion of adults aged 65 years and older ever vaccinated against pneumococcal disease.</i>	63% (2004 KS BRFSS)	90%

Healthy People/Kansans 2010: 10 Leading Health Indicators

Objective	Kansas Rate	HP2010 Goal
<i>Access to Health Care</i>		
Increase the proportion of persons with health insurance.	85% (2004 KS BRFSS)	100%
Increase the proportion of persons who have a specific source of ongoing primary care.	84% (2004 KS BRFSS)	96%
Increase the proportion of pregnant women who begin prenatal care in the first trimester of pregnancy.	88% (2003 Vital Statistics, KDHE)	90%

Healthy Kansans 2010

Cross-Cutting Issues

How were recommendations identified?

Participants involved in the HK2010 process identified three cross-cutting issues impacting multiple Leading Health Indicators:

- Reducing and Eliminating Health Disparities
- System Interventions to Address Social Determinants of Health
- Early Disease Prevention, Risk Identification and Intervention for Women, Children and Adolescents

System Interventions to Address Social Determinants of Health

Social Determinants Workgroup Charge

Develop recommendations for major policy and system changes that...

- Can be implemented by public, private and/or non-profit sectors
- Will lead to substantial changes in the social determinants of health (e.g., low education and poverty) among Kansans
- Will impact two or more of the ten HP2010 Leading Health Indicators

Overview of Social Determinants

Two key issues related to Social Determinants

- Class
- Social supports/social connectedness

Three disparities related to Social Determinants

- Income
- Education
- Social Supports



Framework for Social Determinants Recommendations

Improve...

- Access to Care
- Cardiovascular Risk Factors
- Prevention/Wellness

By reducing disparities in...

- Income
- Education
- Social Supports



Reducing and Eliminating Health and Disease Disparities

Disparities Workgroup Charge

Develop recommendations for major policy and system changes that...

- Can be implemented by public, private and/or non-profit sectors
- Will lead to substantial reductions in or elimination of health/disease disparities among Kansans
- Will impact two or more of the ten HP2010 Leading Health Indicators

Disparities Workgroup Charge

At a minimum, consider these issues/needs:

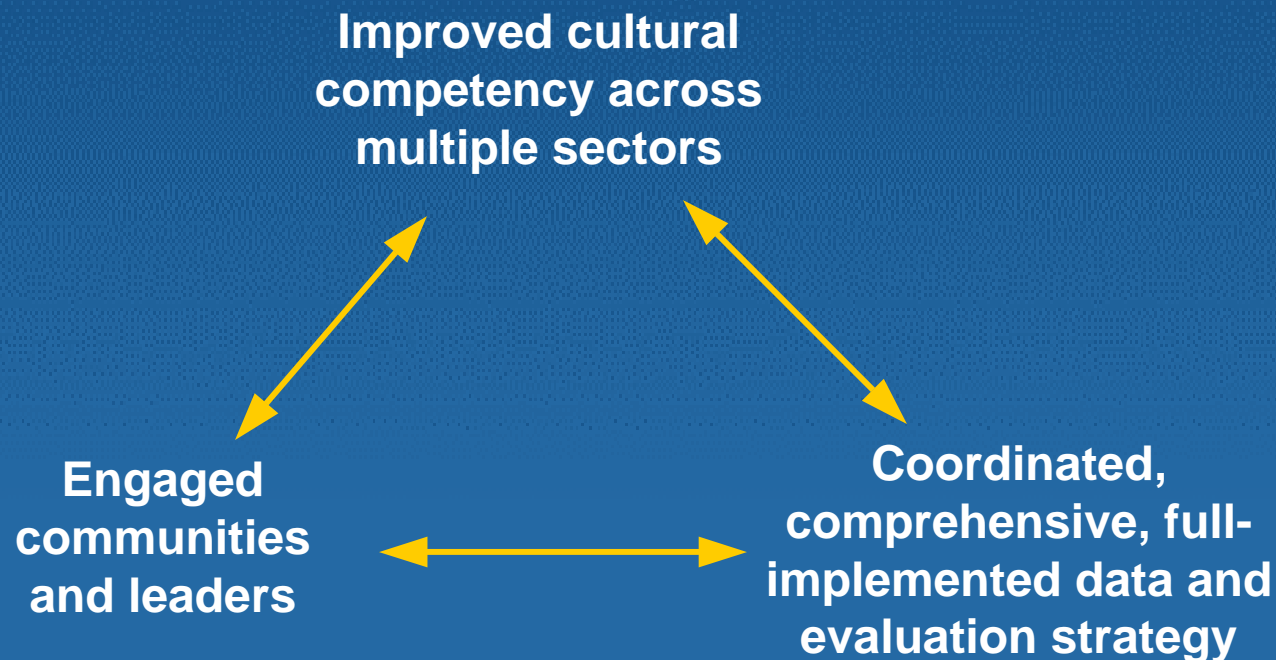
- **Racial and ethnic** disparities
- **Economic-related** disparities, including disparities related to income and insurance/health benefit coverage
- **Geographic** disparities, including disparities affecting rural populations, service and provider shortages and misdistributions, and current policies and programs that negatively impact on rural populations
- **Age-related** disparities, including system biases that inhibit the participation of older adults in health/disease care and personal biases that inhibit older adults from seeking out health/disease services

Workgroup Guiding Principles: Towards Meaningful Change...

- Need better understanding root causes of disparities while trying to develop interventions to eliminate
- Policy-makers from multiple sectors must come together (economic, educational, health, housing, criminal justice, environmental)
- All programs must build on *self-identified* community assets and be community-driven
- Relevant, clear information derived from better data will help communities identify ways to impact health.
- Social issues, social systems, and social change must be addressed
- Planning framework should include organizational, structural, and clinical cultural competence interventions

Framework for Recommendations

Systems-level changes for three interrelated issues:



Recommendations

- Invest in **community capacity-building**, utilizing **self-identified community assets** to promote planning, implementation, and evaluation of **community-based interventions**, which address health disparities.
- Develop a coordinated, statewide strategy regarding collection, dissemination and utilization of **health data** and promote participatory **evaluation practices**.
- Promote **cultural sensitivity, specificity, and competency** through adoption of policies and actions at multiple levels, including professional, organizational, and system.

**Early Disease Prevention, Risk
Identification and Intervention
for Women, Children and
Adolescents**

Early Interventions Workgroup Charge

Develop recommendations for major policy and system changes that...

- Can be implemented by public, private and/or non-profit sectors
- Will lead to improvements in early disease prevention, identification and intervention among women, children and adolescents in Kansas
- Will impact two or more of the ten HP2010 Leading Health Indicators

Three Recommendations

1. Assure access to health care and preventive services for children and parents.
2. Integrate efforts to affect the whole child's emotional and social well-being.
3. Promote the development and adoption of healthy lifestyles.

Actions Selected for Immediate Consideration

- Tobacco: Support a comprehensive tobacco use prevention and control program to reduce exposure to tobacco
- Disparities Data: Routinely collect and report data on all segments of the population (race/ethnicity, gender, rural/urban, economic status, disability status) to identify where improvements are most needed.
- Cultural Competency: Promote culturally competent health practices among health providers among health providers and organizations.

Actions Selected for Immediate Consideration

- **Overweight and Obesity:** Adopt and implement the 5 national overweight/obesity prevention goals. (Increase fruit and veggie consumption, increase physical activity, decrease screen time, increase breastfeeding, balance caloric intake with expenditure)
- **Access:** Assure access to quality health care (including oral health and mental health) and preventive services for all

How Are We Addressing Tobacco in Kansas Now?

Kansas' four major tobacco control goals based on Centers for Disease Control's Best Practices:

- Preventing the initiation of tobacco use among young people.
- Promoting quitting among young people and adults.
- Eliminating nonsmokers' exposure to environment tobacco smoke.
- Identifying and eliminating the disparities related to tobacco use and its effects among different population groups.

How Are We Addressing Tobacco in Kansas Now?

Overall strategies to achieve the four tobacco control goals:

- Conduct and coordinate ongoing public education awareness campaigns that enhance local and state efforts for prevention and cessation as well as protection from secondhand smoke.
- Strengthen, enact, and promote local community and workplace policies that protect all Kansans from the dangers of secondhand smoke.
- Increase excise taxes on cigarettes and tobacco products on a regular basis in order to reduce tobacco consumption and prevalence rates.
- Strengthen and enact state laws and local ordinances that protect youth from access to tobacco products and provide consistent enforcement of existing laws.
- Expand and continue the success of the toll-free Kansas tobacco Quitline

1-866-KAN-STOP.

HK2010 Tobacco Recommendations

- Implement Comprehensive Tobacco Control Program in Kansas based on Best Practices by CDC
- Allocate Best Practice Level Funding (\$18.1 Million per year) for tobacco control programs in Kansas
- Enact public policies at the state and local level that reduce the burden caused by tobacco use (CIA Ordinances, Youth Access Ordinances, increased tobacco taxes, etc.)
- Increase support for cessation services (reimbursement for health care providers, NRT, insurance coverage, tobacco Quitline **1-866-KAN-STOP** promotion and resources, etc.)

The Wheels in Motion

Tobacco Related Bills Introduced in the Kansas Senate 2007 Session

Senate Bill 37 – Statewide Smoking Ban

SB 37 would make it unlawful to smoke in indoor areas of public places with an expanded definition of such places that includes food service establishments (restaurants and the like) and bars, would increase the fines for violating this law, and would make the crimes of smoking in an indoor public place and failing to post no smoking signs class C non-person misdemeanors.

This bill has been amended to provide an opportunity for county commissioners to “opt out” of coverage from the proposed statewide ban of smoking.

The Wheels in Motion

Senate Bill 90 – Tobacco Tax Stamps

SB 90 concerns taxation relating to cigarettes and tobacco products; meter imprints. SB 90 was introduced and assigned to Senate Assessment and Taxation Committee as a procedural bill relating to sales taxation and exemptions.

Senate Bill 250 - Prohibiting Smoking in Motor Vehicles with Children 8 and Younger

A hearing before the Senate Public Health and Welfare Committee was held on February 7 on this bill to prohibit smoking in cars transporting children eight years and younger. Tobacco control advocates spoke to the importance of protecting children from the hazards of secondhand smoke because of the illnesses such exposure causes. Data was presented on the number of Kansas children reporting such exposure. It was also noted a comprehensive approach at the community level is needed to protect children from tobacco use and secondhand smoke.

The Wheels in Motion

Senate Bill 318 – Allocating Bonus MSA Funds to Tobacco Prevention

SB 318 was introduced to allocate the expected increase in Master Settlement Agreement funds from the tobacco companies to proven best practices in tobacco prevention and cessation programs for Kansas. The expected increase could be as much as \$16.2 million as of April of 2008. The bill has been referred to the Senate Ways and Means Committee.

Senate Resolution 1803

SR 1803 is a resolution asking the Congress of the United States to end its subsidization of tobacco production because of the health harms caused by tobacco use. SR 1803 was introduced on January 8, 2007 and referred to the Senate Federal and State Affairs Committee on January 9.

The Wheels in Motion

Tobacco Related Bills Introduced in the Kansas House 2007 Session

House Bill 2105 - Prohibits the Sale of Flavored Cigarettes

HB 2105 would make it unlawful to sell flavored cigarettes in Kansas adding a fine of not more than \$500 for those persons who do so. The bill was referred to Judiciary Committee on January 19, 2007.

House Bill 2162 - Tobacco-free School Grounds

HB 2162 would make it unlawful to smoke or use tobacco products in school buildings or on school owned property, and would define a violation of this law as a cigarette or tobacco infraction with a fine of \$25 to \$100. The bill was referred to Health and Human Services Committee on January 24.

The Wheels in Motion

House Bill 2243 – Tobacco-free Hospital Grounds

HB 2243 amends KSA 21-4017 by expanding the prohibition on smoking in a medical care facility to a prohibition on all tobacco use in a medical care facility and to include all medical care facility property. An exception is provided for licensed long- term care units.

House Bill 2359 – Additional MSA Funds for Seniors' Health

HB 2359 sets up additional disposition of tobacco litigation settlement funds for a seniors' health care fund. The bill was referred to the Appropriations Committee on February 6, 2007.

House Resolution 5014

HR 5014 is a concurrent resolution that speaks to a constitutional amendment to require a super-majority vote on any measure that would create a new tax or increase the rate of an existing tax. HR 5014 was referred to the Federal and State Affairs Committee on February 5, 2007.

What Can I do?

- If you are a smoker, contact the Kansas Tobacco Quitline at 1-866-KAN-STOP
- If you are a health provider, refer patients to the Kansas Tobacco Quitline
- Support tobacco-free policies and ordinances in your community

What can my organization or my community do?

- Adopt tobacco-free policies and ordinances.
- Hold meetings and events in tobacco-free facilities and on tobacco-free grounds.
- Provide tobacco cessation opportunities for employees.
- Encourage businesses to fully comply with youth tobacco cessation laws.

What can our state do?

- Increase funding to the Comprehensive Tobacco Program best-practices level (\$18.1 - \$44.7 million) recommended by the Centers for Disease Control & Prevention.
- Pass a no-compromise, statewide clean indoor air law.

Communicating Healthy Kansans 2010

Healthy Kansans 2010 - Microsoft Internet Explorer provided by KDHE

http://healthykansans2010.com/default.asp

Healthy Kansans 2010



Home HK2010 Process Resources Leading Health Indicators Strategies Query

Quick Links

- Final Report
- Executive Summary (pdf)
- Feb. 2007 Steering Committee Presentations
- Query HK2010 Strategies
- Kansas Department of Health and Environment website
- Healthy People 2010 website
- Governor's Healthy Kansas website
- Tobacco Prevention for Specific Populations

Welcome to Healthy Kansans 2010

Healthy Kansans 2010...encourage change...improve the health of all Kansans.

Healthy Kansans 2010 Vision: Health priorities and priority indicators are identified and adopted by the Kansas leaders and organizations addressing the comprehensive health continuum. These priorities are monitored and feedback is incorporated on a regular basis to improve the health status of all Kansans.

Final Report

Click on image to view Final Report .



10 Leading Health Indicators

Healthy Kansans 2010 Goal: Markedly Improve 10 Leading Health Indicators. To view the "Status of Leading Health Indicators in Kansas" ([click here](#)).

- Physical Activity
- Overweight and Obesity
- Tobacco Use
- Substance Abuse
- Responsible Sexual Behavior
- Mental Health
- Injury and Violence
- Environmental Quality
- Immunization
- Access to Health Care

If you have questions regarding Healthy Kansans 2010, please contact Paula Marmet, Office of Health Promotion, 785-298-8916 or Email: pmarmet@kdhe.state.ks.us
If you need any technical assistance with the website, please contact EnVisage Consulting, Inc., 785-587-0151, or Email: envisage@envisageconsulting.org

Healthy Kansans 2010 Copyright © 2008

Internet 100%