Bureau of Community Health Systems

Consequences of Not Funding this Program

Should the initiatives within the Bureau of Community Health Systems not be funded, there would ultimately be a decrease of services available in Kansas. Safety Net Clinics who provide primary, dental, prescription and preventative health care to uninsured and underinsured populations would be affected and further increase health disparities for at risk populaitons. Trauma centers in Kansas would no longer be designated which is the only guarantee a hospital is abiding by the standards in medical care for injured patients. Some health facilities in Kansas would not be surveyed which would potentially decrease access to healthcare and increase the risk in those facilities. Local health departments would not have access to funding and assistance to enable them to provide adequate public health services to all inhabitants of Kansas as required by statue.

Statutory Basis		Mandatory vs. Discretionary	MOE/Match Rqt.	Priority Level
General	SB 66	Mandatory	No	1
Specific	KSA 65-1668 through 1675	Mandatory	No	1
General	HB 2208	Mandatory	No	1
Specific	SB 175 Rural Hospital Licensure	Mandatory	No	1
Specific	KSA 75-5666	Mandatory	No	1
Specific	KSA 65-241 through 65-246	Mandatory	Yes	1

Program Goals

A. Enhance the health and safety of Kansas communities
B. Strengthen the public health system through collaboration, support, and monitoring
C. Partner with the state and local public health community to coordinate programs

Program History

The Bureau of Community Health Systems (BCHS) provides programmatic alignment for improved coordination of programs and services continues to grow with in this bureau. BCHS is a merge of multiple offices and bureaus over the years and currently made up of seven sections: Administration, Community Health Access, Health Facilities, Local Public Health, Public Health Preparedness, Radiation Control, and Trauma Systems. The bureau provides programmatic leadership for the agency in public health and hospital preparedness program, which coordinates response to all public health and radiation emergency situations, whether caused by natural events or acts of terrorism. There is close collaboration with other federal, state, and local partners, including the Wolf Creek nuclear generating station. BCHS staff work regularly with local public health departments, hospitals, clinics, associations, universities, and other partners to further public health in Kansas.

Performance Measures

Outcome Measures	*Goal*	*FY 2019*	*FY 2020*	*FY 2021*	*3- yr. Avg.*	*FY 2022*	*FY 2023*
1. Number of Acute & Continuing Care Critical Care Access Hospitals	B	85	83	82	83	83	85
2. Access to primary health care services: # of unduplicated patients served by state-funded primary care clinics (data reported reflects totals reported from Jan. 1st to Dec. 31st for previous calendar year)	A	296,053	311,054	289,037	298,715	295,000	300,000
3. # of instances of individualized technical assistance for local health departments (# of LHDs supported with individualized technical assistance--could be additional)	C				NA	225	250
4. Number of cases submitted to the trauma registry by hospitals within 60 days of patient discharge.	B	14,009	14,782	12,311	13,701	15,000	15,500

Funding

Funding Source	*FY 2018*	*FY 2019*	*FY 2020*	*FY 2021*	*FY 2022*	*FY 2023*
State General Fund	$ 11,287,709	$ 11,602,251	$ 13,168,766	$ 13,827,671	$ 19,345,869	$ 18,328,264
Non-SGF State Funds	2,535,270	2,624,435	3,240,187	3,071,052	3,303,630	3,296,496
Federal Funds	13,296,352	13,278,945	12,856,659	68,374,919	41,800,460	29,789,303
Total	$ 27,119,331	$ 27,505,631	$ 29,265,612	$ 85,273,642	$ 64,449,959	$ 51,414,063

Bureau of Disease Control and Prevention

Consequences of Not Funding this Program

Without public health intervention, disease transmission rates will increase dramatically resulting in significant morbidity and mortality (including infant) from these infections. As a result, the cost of treating outbreaks of these diseases will also dramatically increase. Thousands of parents statewide would be unable to afford the costs associated with vaccine acquisition, resulting in a significant drop in immunization coverage rates. Decreases in immunization coverage rates will ultimately result in increased outbreaks of vaccine-preventable diseases, resulting in significant morbidity and mortality.

Statutory Basis		Mandatory vs. Discretionary	MOE/Match Rqt.	Priority Level
Specific	K.S.A 65-118, K.S.A 65-116, K.S.A 75-6102(f)(1)(2)(3)	Mandatory	No	1

Program Goals

A. To intervene in the spread of STIs, including HIV, and reduce the complications occurring from these infections
B. Prevent morbidity and mortality due to tuberculosis and contain the incidence of multi-drug resistant tuberculosis.
C. Reduce the incidence of vaccine preventable disease (VPD)

Program History

The Bureau of Disease Control and Prevention (BDCP) is the operating unit principally responsible for programs designed to prevent and control communicable diseases of crucial public health concern. In 2019, the Bureau was reconfigured into three programmatic sections: the STI/HIV (Sexually Transmitted Infections/Human Immunodeficiency Virus) Disease Intervention and Surveillance Section, the STI/HIV Prevention and Care Section and the TB (Tuberculosis)/Immunization Section.
The STI/HIV Disease Intervention and Surveillance Section coordinates with local health departments and community-based organizations to prevent the spread of STIs, including HIV. The Section seeks to prevent the spread of these infections through a continuous network of surveillance, and disease intervention. The core purpose of the surveillance program is to monitor the progression of the epidemics in Kansas.

The STI/HIV Prevention and Care Section coordinates with local health departments and community-based organizations to prevent the spread of STIs, including HIV. The Section seeks to prevent the spread of these infections through a continuous network of prevention and care. The care program provides medical and supportive services for persons living with HIV through the Ryan White Part B, AIDS Drug Assistance Program (ADAP), and Housing Opportunities for People Living with AIDS (HOPWA) programs. The activities of the prevention program include population-level interventions to prevent HIV infection, including condom distribution as well as STI/HIV testing activities.

The TB/Immunization Section is comprised of the TB and Immunization Programs which were two of the first state funded public health programs in 1904. The TB Program seeks to prevent the transmission of TB by assuring that proper screening and treatment for tuberculosis occurs in Kansas. The section maintains surveillance of TB cases to ensure appropriate treatment and prevent transmission of disease. The Immunization Program strives to reduce or eliminate the incidence of vaccine preventable diseases by supporting age appropriate immunizations. This goal is supported through the provision of vaccine supplies to enrolled Vaccines for Children providers, distribution of evidenced-based information, and promotion of provider best-practices to improve immunization coverage rates for persons of all ages, efforts to reduce missed opportunities to vaccinate, and continuous efforts to identify and address disparities in race, ethnicity, and socioeconomic factors adversely impacting the immunization status of persons in Kansas.

Performance Measures

Outcome Measures	*Goal*	*FY 2019*	*FY 2020*	*FY 2021*	*3- yr. Avg.*	*FY 2022*	*FY 2023*
1. % of early syphilis cases treated appropriately	A	98.4%	82.2%	87.0%	89.2%	90.0%	95.0%
2. % of identified close contacts of new active cases receiving evaluations	B	94.2%	93.3%	79.0%	88.8%	95.0%	95.0%
3. % of children entering kindergarten up to date with required DTaP5 – Polio4 – MMR2 - HepB3– Varicella2 vaccines	C	84.4%	88.0%	85.5%	86.0%	90.0%	90.0%

Output Measures							
4. # of contacts elicited for testing/treatment per case of early syphilis interviewed	A	3	1.8	1.58	2.13	2	2.5
5. # of contacts per infectious case identified	B	17	12	12	14	12	12
Additional Measures as Necessary							
6. # of active Vaccines For Children program providers	C	294	305	310	303	320	325

Funding

Funding Source	*FY 2018*	*FY 2019*	*FY 2020*	*FY 2021*	*FY 2022*	*FY 2023*
State General Fund	$ 1,293,146	$ 1,214,234	$ 765,206	$ 937,653	$ 1,880,025	$ 1,258,083
Non-SGF State Funds	848,028	179,470	227,688	242,632	-	-
Federal Funds	12,397,791	14,913,718	11,676,900	27,335,670	37,927,890	34,691,570
Total	$ 14,538,965	$ 16,307,422	$ 12,669,794	$ 28,515,955	$ 39,807,915	$ 35,949,653

Bureau of Epidemiology and Public Health Informatics

Consequences of Not Funding this Program

Consequences of not performing the tasks would result in Kansas citizens not having identities established; death records for reconcilliation of estates would not be available and fraud prevention activities for benefits paying agencies would cease. Surveillance and epidemiology is a core public health function for Kansas and the nation. Consequences of not funding these activities at the State level could result in additional outbreaks of or larger impacts of outbreaks of infections disease. Investigations regarding impacts of environmental concerns could not be conducted, leading to increased concerns among the public and continued health risks. Preparedness activites for prevention and control of high consequence pathogens would go unaddressed, resulting in unnecessary morbidity and mortality for Kansas citizens.

Statutory Basis	Mandatory vs.	MOE/Match Rqt.	Priority Level
KSA 65-101	Mandatory	No	1
KSA 65-102	Mandatory	No	1
KSA 65-118	Mandatory	No	1
KSA 65-119	Mandatory	No	1
KSA 65-128	Mandatory	No	1
KSA 65-177	Mandatory	No	1
KSA 65-1,202	Mandatory	No	1
KSA 65-1,241 et seq.	Mandatory	No	1
KSA 75-5661	Mandatory	No	1
KSA 65-2401-2438	Mandatory	No	1

Program Goals

A. Protect Kansans from public health hazards.
B. Protect Kansans from identity theft.
C. Collect, analyze and disseminate public health data.

Program History

The Bureau of Epidemiology and Public Health Informatics (BEPHI) consists of three core functions of public health activities that comprise 1) infectious disease and disease condition identification and management; 2) vital records registration, issuance, and statistical analysis; and 3) health assessment and information dissemination. Funding sources for these programs include federal cooperative agreements, state fees, and administrative contracts. These core public health functions were begun when the Kansas State Board of Health was established in the early 1920s. KDHE was established in 1974 to bring together health and environmental perspectives in assuring the public's health. The Epidemiology and Public Health Informatics programs were merged in 2010 to form BEPHI to meet a growing need to coordinate and streamline several key public health information systems for Kansas. BEPHI's core functions provide direct service to the citizens of Kansas and heavily utilize health information systems to deliver these services. Real time, web-based systems provide capacity to identify and contain infectious disease outbreaks, register and issue vital event records, monitor blood lead leavels in children and adults and standardize epidemiologic applications within programs in KDHE. BEPHI is responsible for collecting , analyzing, and interpreting data that provide information on a variety of conditions of public health importance and on the health status of the population. The Bureau conducts, in partnership with local health departments and other state and federal agencies, timely investigations of and surveillance related to infectious and zoonotic diseases, environmental health, maternal and child health, trauma, and other public health hazards.

Performance Measures

Outcome Measures	*Goal*	*FY 2019*	*FY 2020*	*FY 2021*	*3- yr. Avg.*	*FY 2022*	*FY 2023*
1. Reportable disease sent to CDC	A	5,640	20,373	92,882	39,632	6,000	6,000
2. Certified Vital Records Produced	B	376,028	373,191	402,632	383,950	394,579	386,687
3. Datasets made available, data requests fulfilled, educational trainings/presentations, articles & summaries published	C	522	33	566	373.67	230	240

Funding

Funding Source (in thousands)	*FY 2018*	*FY 2019*	*FY 2020*	*FY 2021*	*FY 2022*	*FY 2023*
State General Fund	$ 42	$ 59	$ 78	$ 66	$ 197	$ 197
Non-SGF State Funds	5,028	5,346	5,110	5,040	5,363	6,000
Federal Funds	4,176	5,315	5,545	41,376	97,362	24,386
Total	$ 9,246	$ 10,720	$ 10,733	$ 46,482	$ 102,922	$ 30,583

Bureau of Family Health

Consequences of Not Funding this Program

Family Health programming encompasses a wide variety of critical public health programs impacting health and outcomes across the lifecourse (birth to adulthood). Without funding, infants born in Kansas would not be screened for 32 genetic/metabolic conditions, 16 of which are time-sensitive/critical. Lack of funding would hamper early diagnosis and treatment, leading to severe illness, delays/disabilities or even death. Regular on-site facility inspections for nearly 5,000 facilities serving children 2 weeks to 11 years of age would not be conducted. Inspections are a safeguard to ensuring the health, safety and wellbeing of children in out of home care. Parents would not have access to quality child care. Child care facilities would not be licensed, increasing preventable risk to children in care as well as negatively impacting the economy and parents' ability to work away from the home. Without WIC funding all program services would cease, infant outcomes will be negatively impacted, and childhood nutrition will suffer. In 2020, the WIC program served a monthly average of 58,955 participants in 37,142 households. Part C early intervention programs across the state (33) would not receive funding necessary to maintain and implement a system of coordinated, comprehensive, multidisciplinary early intervention services for infants and toddlers with disabilities (birth through 2 years) and their families. Consequently, nearly 11,000 children would not receive services. Maternal and Child Health (MCH) services that support healthy pregnancies, postpartum mothers, breastfeeding mothers, and their children and familes (75,000 Kansans) would not be available. MCH serves as a gap-filling program that ensures access to care for individuals without the financial means or healthcare coverage to obtain services otherwise. Support for preventive health services (annual well visits) and other reproductive health services would not be provided statewide through more than 70 local agencies/clinics. Reproductive health and family planning clinical care constitutes primary care (and in some cases, the only clinical care) for many of the low-income clients served. Services that would be significantly impacted and/or no longer provided at these clinical sites include: health assessments; cancer screenings; pregnancy testing and appropriate counseling; information regarding early and continuous prenatal care in cases of a positive pregnancy test and/or exam; FDA-approved contraceptive methods and counseling (effectiveness, proper use, indications/precautions, risks, benefits, possible minor side effects, and potential life threatening complications); screening and treatment for HIV and sexually transmitted diseases; and immunization education/referrals. There would be negative impact on an additional 3,000-4,000 individuals birth to 22 years who attend special health care needs clinics and receive diagnostic evaluations. Approximately 400 children with special health care needs would not have access to care coordination services and financial support for medically necessary services and treatments through Direct Assistance Programs.

	Statutory Basis	Mandatory vs. Discretion.	MOE/ Match Rqt.	Priority Level
Specific	KSA 65-180; KSA 65-1,157a; KSA 65-5a01 through 65-5a16; KSA 65-1,159a; KSA 65-5a13; KSA 65-5a14; KSA 65-1132 and KSA 65-1133; KSA 65-501 et. seq.; KSA 74-7801 and 74-7803; KSA 75-5648 and 75-5649	Mandatory	Yes	1
	**CFRs not included*	**both*	**both*	

Program Goals

A. Facilitate access to comprehensive and coordinated clinical and public health services; improve access to comprehensive screening including health, social, developmental, and behavioral; promote policies, systems, and resources to meet the needs of Kansas women, men, children, and families.

B. Protect and promote public health and the optimal development of children in out of home care through the inspection and licensing of child care facilities; provide a basic level of consumer protection for parents and guardians selecting child care.

C. Strengthen Maternal and Child Health infrastructure and systems to eliminate barriers to health care and disparities for individuals birth through adulthood, especially those with special health care needs.

D. Improve access to comprehensive and quality nutritional services for women, mothers, and children.

Program History

As of SFY2022, the Bureau of Family Health (BFH) is comprised of five large sections which include comprehensive, complex programs and broad activities: Administration & Policy, Children & Families, Systems of Support, Nutrition & WIC Services, and Early Care & Youth Programs (Child Care Licensing). A number of statewide programs in the Bureau are authorized and/or mandated by State and/or Federal Laws. Programs and projects administered through the Bureau meet the needs of infants, children, adolescents, women, pregnant women, men, individuals with special health care needs, and families birth to 44 years of age. Programs are targeted to the highest risk populations accessing and receiving care and services throughout the lifespan. Programming integrates social determinants of health and heath equity in an effort to address and eliminate ethic/racial and socioeconomic health disparities. The Bureau organization has been impacted by an Executive Reorganization Order (ERO) twice and multiple internal agency changes since 2012. Prior to 2012, BFH programming did not include the Child Care Licensing or Foster Care Licensing programs. These programs were previously organized as part of the Bureau of Child Care and Health Facilities (BCCHF) which also included the Health Occupations Credentialing Program. ERO 41 (effective July 2012) included reassignment of the Health Occupations Credentialing (HOC) Program, licensure and certification of long term care personnel and the criminal record check program, to the Kansas Department of Aging & Disability Services (KDADS). With the reassignment of the HOC Program to KDADS, some internal reorganization at KDHE was needed. The decision was made to pair the remaining BCCHF regulatory programs (Child Care Licensing, Foster Care Licensing, and Health Facilities [hospital and medical facility licensing]) with like services in other bureaus. The Health Facilities Program joined the Bureau of Community Health Systems. The Child Care and Foster Care Programs joined the Bureau of Family Health due to the strong alignment with other Family Health programs. Merging BCCHF programs with BFH, resulted in Bureau-level changes for Family Health effective in July 2012 (reorganized programs within sections to improve alignment and coordination/collaboration across programs serving similar populations). Additional agency changes occurred in February 2015. The Bureau of Environmental Health (BEH) was dissolved and programs were integrated into existing Bureaus. The Lead Hazard Prevention Program (LHPP) became part of the BFH. ERO 43 was issued in 2015 (effective July 1, 2015) which, among other things, moved the Foster Care Licensing Program from KDHE to the Department for Children and Families. Effective October 2019, the Lead Hazard Prevention Program was moved from BFH to the Division of Environment's Bureau of Air.

Performance Measures

Outcome Measures	*Goal*	*FY 2019*	*FY 2020*	*FY 2021*	*3- yr. Avg.*	*FY 2022*	*FY 2023*
1. % of children receiving services from Part C who substantially increased their growth in positive social-emotional skills by the time they turned 3 years of age or exited the program	A	69.0%	67.3%	65.0%	67.1%	67.0%	68.0%
2. % of mothers who breastfed their infants at 6 months of age	A, C, D	58.2%	53.0%	58.7%	56.6%	60.0%	60.0%
3. Cost of WIC food package per person (total cost of food/total WIC participants)	D	$383.36	$390.33	$381.81	$385.17	$394.37	$394.37
Output Measures							
4. Average # of child care facility permits and licenses issued monthly	B	485	472	440	466	450	450
5. # of children (age 0 to 3/through 2 years) with disabilities receiving services from Part C	A	10,800	10,579	9,994	10,458	10,794	10,820
6. # of pregnant and postpartum women, breastfeeding mothers, infants, and children to age 5 served by the WIC program	D	87,519	81,529	76,424	81,824	71,000	71,000
7. % of children lost to follow-up/documentation regarding newborn hearing follow-up)	A, C	8.6	5.8	7.8	7.4	7.8	7.0
8. % of children, ages 9 through 35 months, receiving a developmental screening using a parent-completed screening tool	A, C	37.8	34.6	36.9	36.4	38.0	40.0
9. # of individuals served (unduplicated) through the Special Health Care Needs program	C	2,200	1,670	1,167	1,679	1,500	1,600
10. % of child care inspections conducted within 90 days	B	98.0%	89.3%	Data not reliable: COVID-19	93.7%	90.0%	90.0%

Funding

Funding Source (in thousands)	*FY 2018*	*FY 2019*	*FY 2020*	*FY 2021*	*FY 2022*	*FY 2023*
State General Fund	$ 4,136	$ 6,256	$ 6,372	$ 8,204	$ 8,620	$ 8,390

Non-SGF State Funds	7,079	7,589	8,054	8,003	7,767	7,688
Federal Funds	80,868	78,302	75,008	81,626	78,859	72,429
Total	$ 92,083	$ 92,147	$ 89,434	$ 97,833	$ 95,246	$ 88,507

Bureau of Health Promotion

Consequences of Not Funding this Program

Chronic Disease and Injury Risk Reduction: Nearly 2 million people would no longer be covered by interventions.
Senior Farmers Market Nutrition Program: 6,300 Seniors would not receive vouchers for fruits and vegetables; 250 farmers would lose sales. Nearly 1,500 individuals annually would not have enrolled in proven interventions chronic disease prevention and control (e.g., Diabetes Prevention Program, Diabetes Self-Management Education, Tobacco Quitline). Over 500 families each year would not have the opportunity to have a trained volunteer check the installation of infant and child carseats. Over 1,800 Kansas children annually would not have received bicycle helmets at no cost which would increase the number of childhood brain injuries in Kansas.
Health Systems Approaches to Chronic Disease and Injury Control Programs: Over 10,000 fewer cancer screenings for low income, uninsured men and women annually. This would result in breast, cerivical, and colorectal cancer diagnoses at later stages of the disease when treatment is more costly and less effective. Fewer providers would refer patients to tobacco cessation programs. Reductions in opioid prescriptions would not be maintained.
Societal, Policy, and Surveillance to reduce Chronic Disease and Injury Program: If chronic disease, injury, and violence data systems were not funded, Kansas decision-makers and program directors at the local and state levels would not have current information for planning, implementation, and evaluation of programs designed to improve the health of Kansans.

Statutory Basis		Mandatory vs. Discretionary	MOE/ Match Rqt.	Priority Level
General	Surveillance KSA 65-101 K.S.A. 68-6803 All programs KSA 65-103a	Discretionary		2
Specific	Health systems (tobacco/alcohol/drugs, cancer registry, cancer screening, diabetes, palliative care) K.S.A. 65-1160 K.S.A. 65-1,168 through K.S.A.. 65-1,174 K.S.A. 65-1,174a K.S.A. 65-1,122 K.S.A. 65-1,260 through K.S.A. 65-1,261	Mandatory	Match and MOE required for Kansas Cancer Registry	1

Program Goals

A. Chronic disease and injury risk reduction program: Decrease the prevalence of health risk behaviors which contribute to the leading preventable chronic diseases and injury in the Kansas population.

B. Health systems program: Increase access to preventive health services and reduce the health impact of chronic disease and injury among Kansans.

C. Societal, Policy, and Surveillance Program: Assess the burden, monitor progress, and make recommendations towards achieving state health objectives that address chronic disease and injury in Kansas

Program History

History: The Bureau of Health Promotion was established in 1989. State FY1990 was the first year BHP was shown in the budget. The BHP staff began to write grant proposals and they were funded; the state health promotion “office” started with about $250,000 of PHHSBG and has grown to a Bureau with over $20 million being invested in Kansas for prevention and control of chronic disease, injury and violence, drug overdose, and associated risk factors. The vast majority of funds are from federal and private sources (e.g., foundations). Work is accomplished through partnerships with the people of Kansas to promote healthy behaviors, policies and environmental changes that improve the quality of life and prevent chronic disease, injury and premature death.

Performance Measures

Outcome (lag) Measures	*Goal*	*FY 2019*	*FY 2020*	*FY 2021*	*3- yr. Avg.*	*FY 2022*	*FY 2023*
Community-Based Chronic Disease and Injury Risk Reduction Program							
1. % of adults reporting behaviors related to physical activity, cigarette smoking, nutrition & seatbelt use. (Kansas BRFSS) a. Not participating in leisure time physical Activity b. Currently smoke cigarettes c. Who are fruit < 1 time/day d. who ate vegetables <1 time/day	A	a. 27.9% b.17.4% c.37.5% d.17.3% e.16.6%	a. 22.5% b. 17.3% c. no data d. no data e. 19.1%	a. 27.1% b. 16.2% c. 41.4% d. 19.9% e. no data	a. 25.8% b. 17.0% c. 39.5% d. 18.6% e. 17.9%	a. 25% b. 15% c. 38% d. 17% e. 16%	a. 24% b. 15% c. 37% d. 16% e. 15%

2. Use of electronic vapor products a. Adults currently use e-cigarettes. (KS BRFSS) b. Students currently use at least 1 day during last 30 (YRBS)	A	Data not available	Data not available	a. 7% b. 22%	N/A	a. 6% b. 18%	a. 5% b. 15%
3. Estimated % of children always restrained in automobile child restraints. (a. 0-4 years of age b. 5-9 years of age c. 10-14 years of age d. 15-17 years of age	A	a. 98 % b. 88 % c. 87 % d. 87 %	Survey not conducted due to Covid-19	Survey not conducted due to Covid-19	N/A	a. 98 % b. 88 % c. 87 % d. 87 %	a. 98 % b. 88 % c. 87 % d. 87 %
Health Systems Approaches to Chronic Disease and Injury Control Program							
4. Number of provider referralsof patients to the Quitline for tobacco cessation.	B	452	221	146	273	350	450
5. Number of prescriptions with 90+ Daily MME of opioids.	B	202,056	179,310	150,000	177,122	145,000	140,000
6. Average cost per reduction in 1 prescription	B	$3.71	$6.31	$7.36	$5.62	$6.90	$6.43
7. # of cancer screenings provided (breast, cervical, colorectal).	B	11,166	13,671	14,300	13,046	15,500	16,600
8. Average cost per cancer screening (colonoscopies added in FY21)	B	$58.42	$58.39	$107.25	$74.69	$99.03	$92.78.
Societal, Policy, and Surveillance Approaches for Chronic Disease and Injury Control Program							

9. % state health objectives (HK2020, HK2030) related to chronic disease and injury. (Healthy Kansans report) a. Met (out of total) b. Showing progress (out of those not met)	C	a. 47% b. 60%	a. 47% b. 60%	a. 0 b. 0 New baseline (Healthy Kansans 2030)	a. 47% b. 60%	a. 0 Met b. 20% improved	a. 0 met b. 40% improved
10. Suicide rate per 100,000 population a. Ages 10-17 b. Ages 18-64 c. Ages 65+	C	a. 5.3 b. 23.8 c. 16.7	a. 9.1 b. 23.5 c. 19.6	a. 12.4 b. 25.7 c. 23.7	a. 8.9 b. 24.3 c. 20.0	a. 6 b. 22 c. 16	a. 5 b. 21 c. 15
Output (lead) Measures							
Community-Based Chronic Disease and Injury Risk Reduction Program							
11. # of youth receiving training and education in health promotion or leadership related to tobacco use prevention, sexual violence prevention, and other chronic disease and injury topics.	A	58,057	32,861	32,320	41,079	30,855	26,877
12. Number of worksites actively involved with bureau initiatives to improve and maintain physical and mental health and well-being of employees.	A	5	9	299	104	300	300
13. Number of enrollments in CDC-recognized lifestyle change programs and behavior change trainings (Tobacco Quitline, Diabetes Prevention Program, Diabetes Self-Management Education).	A	1,848	1,466	1,072	1462	1,500	1,500

14. Unintentional injury prevention interventions distributed/installed (smoke alarms, carbon monoxide detectors, bicycle helmets, child safety seats).	A	10,177	8,057	2,867	7034	4,000	4,050
Health Systems Approaches to Chronic Disease and Injury Control Program							
15. Number of health systems using protocols for identifying patients with undiagnosed hypertension.	B	21	27	30	26	30	33
16. Extent of reach of Palliative Care Education Program	B	-	-	662	N/A (new program)	1,565	2,070
Societal, Policy, and Surveillance Approaches for Chronic Disease and Injury Control Program							
17. # of active health coalitions/chapters in Kansas that address nutrition/physical activity, tobacco use, injury prevention and other chronic disease/injury topics.	C	123	132	134	130	139	145
18. # of data systems maintaining or showing demonstrable improvement in scope, quality or use.	C	5	6	9	7	9	9
19. # of state and local media events/coverage for health promotion interventions.	C	929	262	273	488	279	280

Funding

Funding Source (in thousands	*FY 2018*	*FY 2019*	*FY 2020*	*FY 2021*	*FY 2022*	*FY 2023*
State General Fund	$ 349	$ 360	$ 388	$ 478	$ 430	$ 430
Non-SGF State Funds	1,520	1,229	1,376	1,631	1,404	1,394
Federal Funds	15,045	13,854	13,539	15,999	21,027	21,016
Total	$ 16,914	$ 15,443	$ 15,303	$ 18,108	$ 22,861	$ 22,840

Bureau of Oral Health

Consequences of Not Funding this Program

Consequences of Not Funding this program causes the Bureau of Oral Health to lose the ability to conduct, collect, analyze and disseminate the oral health status of KS children would be greatly diminshed. The school sealant program, community water fluoridation projects, technical assistance and support from dental director and program amnagers would be adversely affected. State wide data collection, analysis and dissemination of oral health status of children, elderly, workforce assessments, community water fluordiation reporting, KS data to national agencies, organizations, funders, policy makers and surveillance systems would be eleiminated. The state agency conducts scientific, evidence based surveillance on oral health and disease issues that are credible and acountable in their accuracy and objectivity.

Statutory Basis	Mandatory vs. Discretionary	MOE/ Match Rqt.	Priority Level
Specific	Mandatory	Yes	1

Program Goals

A. Outreach
B. Data/Survelliance

Program History

History: In 2003, KDHE worked with KS legislature to secure support for a dental health officer. Funding for a state dental officer was provided through the legislature and United Methodist Health Ministry Fund(no longer funding). A registered dental hygienist was hired to operate the Office of Oral Health and in April, 2006 a Dental Director was hired and the Bureau of Oral Health (BOH) was formed in KDHE. In 2014, the Bureau's second dental director was hired and currently serves as director of BOH.

Performance Measures

Outcome Measures	*Goal*	*FY 2019*	*FY 2020*	*FY 2021*	*3- yr. Avg.*	*FY 2022*	*FY 2023*
1. Decrease the % of Kansas Children with Untreated Dental Decay	A	10%	0%	2%	4%	2%	5%
2. Increase the % of Kansas 3rd Graders with Sealants Placed	A	12%	0%	2%	5%	2%	5%
3. Average Cost of Kansas school screening program @$5.00 per screening	A	794,200	747,175	328,275	623,217	500,000	750
Additional Measures as Necessary							
4. Number of Kansas Schools that have a Sealant Program funded by BOH	A	262	82	260	201	275	288

5. Kansas Children Screened for Dental Disease through a State Uniform School Screening Process	A	158,840	149,435	65,655	124,643	100,000	150,000
6. Risk Factor Surveillance System Oral Health Questions Funded	B	3	0	0	1	3	3
7. Publically Released Reports, Presentations, Dental Education Events produced by BOH	B	20	25	20	22	15	15

Funding

Funding Source	*FY 2018*	*FY 2019*	*FY 2020*	*FY 2021*	*FY 2022*	*FY 2023*
State General Fund	$ 169,356	$ 141,810	$ 164,989	$ 206,851	$ 325,511	$ 325,597
Non-SGF State Funds	161,335	29,666	116,699	27,142	24,813	24,813
Federal Funds	372,111	334,015	329,131	498,004	449,922	450,483
Total	$ 702,802	$ 505,491	$ 610,819	$ 731,997	$ 800,246	$ 800,893