

**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.

<b>Statutory Basis</b>	<b>Mandatory vs. Discretionary</b>	<b>MOE/Match Rqt.</b>	<b>Priority Level</b>
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

**Performance Measures**

<i>Outcome Measures</i>	<i>Goal</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Previous Est.</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3-yr. Avg.</i>
1. % of early syphilis cases treated appropriately	A	98.4%	82.2%	87.0%	90.0%	87.3%	90.0%	90.0%	85.5%
2. % of identified close contacts of new active TB cases receiving evaluations	B	94.2%	93.3%	79.0%	95.0%	94.4%	98.0%	98.0%	88.9%

Kansas Department of Health and Environment - Public Health

3. % of children entering kindergarten up to date with required DTaP5 – Polio4 – MMR2 - HepB3– Varicella2 vaccines	C	84.4%	88.0%	85.5%	90.0%	90.0%	90.0%	90.0%	87.8%
<i>Output Measures</i>									
4. # of contacts elicited for testing/treatment per case of early syphilis interviewed	A	3	1.8	1.58	2	1.96	2.0	2.5	1.78
5. # of contacts per infectious case identified	B	17	12	12	12	13	15	15	12.3
<i>Additional Measures as Necessary</i>									
6. # of active Vaccines For Children program providers	C	294	305	310	320	320	325	360	311.7

**Funding**

<i>Funding Source</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Approved</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3-yr. Avg.</i>
State General Fund	\$ 1,214,234	\$ 765,206	\$ 937,653	\$ 1,880,025	\$ 1,220,665	\$ 1,870,055	\$ 1,267,873	\$ 974,508
Non-SGF State Funds	179,470	227,688	242,632	-	-	-	-	\$ 156,773
Federal Funds	14,913,718	11,676,900	27,335,670	35,885,794	67,187,955	29,526,556	29,506,432	\$ 35,400,175
<b>Total</b>	\$ 16,307,422	\$ 12,669,794	\$ 28,515,955	\$ 37,765,819	\$ 68,408,620	\$ 31,396,611	\$ 30,774,305	\$ 36,531,456
<b>FTE</b>	41.0	44.0	45.0	62.0	62.0	93.0	93.0	50.3

## Epidemiology and Public Health Informatics (BEPHI)

### Consequences of Not Funding this Program

Consequences of not performing the tasks would result in Kansas citizens not having identities established; death records for reconciliation 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 infectious disease. Investigations regarding impacts of environmental concerns could not be conducted, leading to increased concerns among the public and continued health risks. Preparedness activities for prevention and control of high consequence pathogens would go unaddressed, resulting in unnecessary morbidity and mortality for Kansas citizens.

Statutory Basis	Mandatory vs. Discretionary	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 levels 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**

<i>Outcome Measures</i>	<i>Goal</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Previous Est.</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3- yr. Avg.</i>
1. Reportable disease sent to CDC	A	5,640	20,373	458,212	6,000	303,408	16,000	16,000	260664.3
2. Certified Vital Records Produced	B	376,028	373,191	402,632	394,579	412,111	412,000	408,000	395978.0
3. Datasets made available, data requests fulfilled, educational trainings/presentations, articles & summaries published	C	522	33	566	230	3,334	370	370	1311.0

**Funding**

<i>Funding Source</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Approved</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3-yr. Avg.</i>
State General Fund	\$ 58,562	\$ 77,840	\$ 66,289	\$ 196,845	\$ 162,760	\$ 197,715	\$ 198,012	\$ 102,296
Non-SGF State Funds	5,346,434	5,110,043	5,040,232	5,362,679	5,460,202	6,699,582	9,031,847	5,203,492
Federal Funds	5,314,632	5,544,820	41,376,080	97,361,964	83,047,988	27,499,216	22,581,762	43,322,963
<b>Total</b>	<b>\$ 10,719,628</b>	<b>\$ 10,732,703</b>	<b>\$ 46,482,601</b>	<b>\$ 102,921,488</b>	<b>\$ 88,670,950</b>	<b>\$ 34,396,513</b>	<b>\$ 31,811,621</b>	<b>\$ 48,628,751</b>
<b>FTE</b>	<b>68.50</b>	<b>78.50</b>	<b>100.0</b>	<b>120.0</b>	<b>120.0</b>	<b>123.50</b>	<b>123.50</b>	<b>99.50</b>

## 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 lifecycle (birth to adulthood). Without funding, infants born in Kansas would not be screened for 34 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 4,600 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 2021, the WIC program served a monthly average of 45,124 participants in 29,342 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, over 10,000 children would not receive services. Maternal and Child Health (MCH) services that support healthy pregnancies, postpartum mothers, breastfeeding mothers, and their children and families (over 79,000 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 preventative health services (annual well visits) including reproductive health services would not be provided statewide through more than 42 local agencies with 53 service sites. 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 1,500 - 3,000 individuals birth to 22 years who attend special health care needs clinics and receive diagnostic evaluations. Over 250 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. Discretionary	MOE/Match Rqt.	Priority Level
Specific K.S.A 65-501 : 65-535; K.S.A 65-180; K.S.A. 65-180 : K.S.A. 65-183; K.S.A. 65-5a01 : 65-5a16; K.S.A. 65-1,124 : K.S.A. 65-1,1133; K.S.A. 75-3,504; K.S.A. 75-7,429; K.S.A. 75-5,648; K.S.A. 75-5,649; K.S.A. 65-1,159a; K.S.A. 65-101; K.S.A. 65-1,241 : 65-1,246; K.S.A. 72-1,421; K.S.A. 72-3,239; K.S.A. 3,239	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 SFY2023, the Bureau of Family Health (BFH) is comprised of four large sections and two support units which include comprehensive, complex programs and broad activities: Children & Families, Screening and Surveillance, Nutrition & WIC Services, Early Care & Youth Programs (Child Care Licensing), Administration & Policy (support unit) and Systems of Support (support unit). 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 health equity in an effort to address and eliminate ethnic/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**

<i>Outcome Measures</i>	<i>Goal</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Previous Est.</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3- yr. Avg.</i>
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%	67.0%	64.80%	66.00%	67.00%	65.7%
2. % of mothers who breastfed their infants at 6 months of age	A, C, D	58.2%	53.0%	58.7%	60.0%	60.2%	62.0%	62.0%	57.3%

Kansas Department of Health and Environment - Public Health

3. Cost of WIC food package per person (total cost of food/total WIC participants)	D	\$383.36	\$390.33	\$381.81	\$394.37	\$391.16	\$395.00	\$395.00	\$387.77
<i>Output Measures</i>									
4. Average # of child care facility permits and licenses issued monthly	B	485	472	440	450	439	450	450	450.33
5. # of children (age 0 to 3/through 2 years) with disabilities receiving services from Part C	A	10,800	10,579	9,994	10,794	10233	10350	10350	10,269
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	71,000	73,659	74,300	75,300	77,204
7. % of children lost to follow-up/documentation regarding newborn hearing follow-up)	A, C	8.6%	5.8%	7.8%	7.8%	11.60%	7.00%	7.00%	11.6%
8. % of children, ages 9 through 35 months, receiving a developmental screening using a parent-completed screening tool	A, C	3.8%	3.5%	3.7%	3.8%	44.3%	45.0%	45.0%	17.2%
9. # of individuals served (unduplicated) through the Special Health Care Needs program	C	2,200	1,670	1,167	1,500	1,229	2,662	1,745	1,355
10. % of child care inspections conducted within 90 days	B	98.0%	89.3%	Data not reliable: COVID-19	90.0%	59.3%	90.0%	90.0%	74.3%



Kansas Department of Health and Environment - Public Health

**Funding**

<i><b>Funding Source</b></i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Approved</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3-yr. Avg.</i>
State General Fund	\$ 6,256,135	\$ 6,372,279	\$ 8,204,298	\$ 8,620,517	\$ 8,423,759	\$ 11,319,583	\$ 11,163,027	\$ 7,666,779
Non-SGF State Funds	7,589,872	8,054,208	8,003,840	7,767,271	6,945,996	8,598,420	9,341,923	\$ 7,668,015
Federal Funds	78,302,680	75,008,042	81,626,545	83,757,188	91,814,288	139,054,879	72,679,313	\$ 82,816,292
<b>Total</b>	\$ 92,148,687	\$ 89,434,529	\$ 97,834,683	\$ 100,144,976	\$ 107,184,043	\$ 158,972,882	\$ 93,184,263	\$ 98,151,085
<b>FTE</b>	64.0	73.0	79.0	88.0	88.0	97.0	97.0	80.0

**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 diminished. The school sealant program, community water fluoridation projects, technical assistance and support from dental director and program managers would be adversely affected. State wide data collection, analysis and dissemination of oral health status of children, elderly, workforce assessments, community water fluoridation reporting, KS data to national agencies, organizations, funders, policy makers and surveillance systems would be eliminated. The state agency conducts scientific, evidence- based surveillance on oral health and disease issues that are credible and accountable in their accuracy and objectivity.

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

**Program Goals**

- A. Outreach
- B. Data/Surveillance

**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). In 2019 the Bureau of Oral Health experienced 100% turnover, resulting in the hiring of a third Bureau director who continues to serve in that role.

**Performance Measures**

<i>Outcome Measures</i>	<i>Goal</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Previous Est.</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3- yr. Avg.</i>
1. Decrease the % of Kansas Children with Untreated Dental Decay	A	10%	4%	0%	2%	1%	1%	1%	2%
2. Increase the % of Kansas 3rd Graders with Sealants Placed	A	12%	0%	0%	2%	1%	1%	1%	0%

Kansas Department of Health and Environment - Public Health

3. Average Cost of Kansas school screening program @\$5.00 per screening	A	794,200	747,175	328,275	500,000	708,935	850,000	950,000	594,795
<i>Additional Measures as Necessary</i>									
4. Number of Kansas Schools that have a Sealant Program funded by BOH	A	262	82 (Covid)	260	275	244	250	260	252
5. Kansas Children Screened for Dental Disease through a State Uniform School Screening Process	A	158,840	149,435	65,655	100,000	141,787	170,000	190,000	118,959
6. Risk Factor Surveillance System Oral Health Questions Funded	B	3	0	0	3	3	3	3	1
7. Publically Released Reports, Presentations, Dental Education Events produced by BOH	B	20	25	20	15	10	15	15	18

**Funding**

<i>Funding Source</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Approved</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3-yr. Avg.</i>
State General Fund	\$ 141,810	\$ 164,989	\$ 206,851	\$ 575,511	\$ 339,226	\$ 863,761	\$ 629,082	\$ 237,022
Non-SGF State Funds	29,666	116,699	27,142	24,813	16,512	34,448	100	\$ 53,451
Federal Funds	334,015	329,131	498,004	449,922	388,117	483,889	484,320	\$ 405,084
<b>Total</b>	<b>\$ 505,491</b>	<b>\$ 610,819</b>	<b>\$ 731,997</b>	<b>\$ 1,050,246</b>	<b>\$ 743,855</b>	<b>\$ 1,382,098</b>	<b>\$ 1,113,502</b>	<b>\$ 695,557</b>
<b>FTE</b>	<b>2.0</b>	<b>3.0</b>	<b>3.75</b>	<b>3.75</b>	<b>3.75</b>	<b>4.75</b>	<b>4.75</b>	<b>3.50</b>

## 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 populations. 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 statute.

Statutory Basis	Mandatory vs.	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**

<i>Outcome Measures</i>	<i>Goal</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Previous Est.</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3- yr. Avg.</i>
1. Number of Acute & Continuing Care Critical Care Access Hospitals	B	85	83	82	83	82	80	78	82.33
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	295,000	336,235	345,000	350,000	312,109
3. # of instances of individualized technical assistance for local health departments (# of LHDs supported with individualized technical assistance--could be additional)	C				225	1,247	1,500	1,750	NA
4. Number of cases submitted to the trauma registry by hospitals within 60 days of patient discharge.	B	14,009	14,782	12,311	15,000	8,988	10,706	11,027	12,027

**Funding**

Kansas Department of Health and Environment - Public Health

<i>Funding Source</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Approved</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3-yr. Avg.</i>
State General Fund	\$ 11,602,251	\$ 13,168,766	\$ 13,827,671	\$ 19,345,869	\$ 17,994,453	\$ 20,333,965	\$ 19,200,451	\$ 14,996,963
Non-SGF State Funds	2,624,435	3,240,187	3,071,052	3,303,630	2,697,190	2,929,473	2,945,060	\$ 3,002,810
Federal Funds	13,278,945	12,856,659	68,374,919	42,501,539	43,002,153	20,028,553	19,487,229	\$ 41,411,244
<b>Total</b>	\$ 27,505,631	\$ 29,265,612	\$ 85,273,642	\$ 65,151,038	\$ 63,693,796	\$ 43,291,991	\$ 41,632,740	\$ 59,411,017
<b>FTE</b>	68.0	75.0	78.0	96.0	96.0	100.0	100.0	83.0

**Bureau of Health Promotion**

**Consequences of Not Funding this Program**

Chronic Disease and Injury Risk Reduction: 6,300 Seniors would not receive vouchers for fruits and vegetables through the Senior Farmers Market Nutrition Program and 250 farmers would lose sales. Over 10,000 Kansans annually would not have enrolled in proven lifestyle change programs and behavior change trainings such as the Diabetes Prevention Program, Diabetes Self-Management Education, Tobacco Quitline, Zero Suicide, Stepping On and would be at increased risk of severe illness or death. Over 3,500 unintentional injury prevention interventions (smoke alarms, carbon monoxide detectors, bicycle helmets, child safety seats) would not have been received which would increase the number of childhood injuries and deaths.

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, cervical, 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.

<b>Statutory Basis</b>		<b>Mandatory vs. Discretionary</b>	<b>MOE/Match Rqt.</b>	<b>Priority Level</b>
General	Surveillance KSA 65-101 K.S.A. 68-6803	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 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 such as foundations. Work is accomplished through partnerships with the people of Kansas to promote healthy behaviors, policies, and environmental changes within communities and health systems that improve the quality of life and prevent chronic disease, injury, and premature death. Support for proven strategies such as community health workers and new initiatives such as suicide prevention and palliative care have been incorporated over time to address emerging needs.



**Performance Measures**

<i>Outcome Measures</i>	<i>Goal</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Previous Est.</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3- yr. Avg.</i>
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% b. 16% c. 41% d. 19% e. 17%	a. 22% b. 17% c. 41% d. 20% e. 17%	a. 21% b. 16% c. 38% d. 18% e. 15%	a. 20% b. 15% c. 36% d. 16% e. 14%	a. 24% b. 17% c. 41% d. 20% e. 18%
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%	a. 6% b. 18%	a. 7% b. 22%	5% 15%	4% 14%	a. 7% b. 22%
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	a. 98 % b. 88 % c. 87 % d. 87 %	a. 98% b. 88% c. 87% d. 87%	a. 98% b. 88% c. 87% d. 87%	a. 98% b. 88% c. 87% d. 87%	a. 98% b. 88% c. 87% d. 87%
4. Number of provider referrals to proven programs for the prevention and management of tobacco use, cancer, and suicide.	B	5,686	6,814	8,434	8,000	7082	8000	8500	7,443
5. Number of prescriptions with 90+ Daily MME of opioids.	B	202,056	179,310	150,000	145,000	125,000	100,000	100,000	143,103

Kansas Department of Health and Environment - Public Health

6. # of cancer screenings provided (breast, cervical, colorectal).	B	11,166	13,671	14,300	15,500	13049	13450	14175	13,673
7. Average cost per cancer screening (colonoscopies added in FY21)	B	\$58.42	\$58.39	\$107.25	\$99.03	\$107.88	\$105.05	\$100.34	\$91.17
8. % 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. 0 Met b. 20% improved	New baseline pending completion of Healthy Kansans 2030	0.0 20%	0.0 40%	New baseline pending
9. 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. 6 b. 22 c. 16	a. 6 b. 22 c. 16	a. 5 b. 21 c. 15	a. 4 b. 20 c. 14	a. 9% b. 24% c. 20%
<i>Output Measures</i>									
10. # 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	30,855	30,701	26,877	27,000	31961
11. 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	300	294	297	297	201

Kansas Department of Health and Environment - Public Health

12. Number of enrollments in CDC-recognized lifestyle change programs and behavior change trainings (Tobacco Quitline, Diabetes Prevention Program, Diabetes Self-Management Education, Zero Suicide, Stepping On).	A	1,848	1,466	1,072	1,500	10,643	15,250	15,750	4394
13. Unintentional injury prevention interventions distributed/installed (smoke alarms, carbon monoxide detectors, bicycle helmets, child safety seats).	A	10,177	8,057	2,867	4,000	3500	4050	4050	4808
14. Number of health systems supported by BHP to make internal policy changes to implement protocols for identifying or referring patients to preventive services.	B	21	27	30	30	38	52	57	32
15. Extent of reach of Palliative Care Education Program	B	-	-	662	1565	1500	2000	2000	1081
16. # 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	139	139	145	150	135
17. # of data systems maintaining or showing demonstrable improvement in scope, quality or use.	C	5	6	9	9	10	14	14	9

Kansas Department of Health and Environment - Public Health

18. # of state and local media events/coverage for health promotion interventions.

C	929	262	273	279	191	200	210	242
---	-----	-----	-----	-----	-----	-----	-----	-----

**Funding**

<i>Funding Source</i>	<i>FY 2019 Actuals</i>	<i>FY 2020 Actuals</i>	<i>FY 2021 Actuals</i>	<i>FY 2022 Approved</i>	<i>FY 2022 Actuals</i>	<i>FY 2023 Est.</i>	<i>FY 2024 Est.</i>	<i>3-yr. Avg.</i>
State General Fund	\$ 360,051	\$ 388,323	\$ 478,214	\$ 792,925	\$ 518,069	\$ 2,456,707	\$ 1,433,118	\$ 461,535
Non-SGF State Funds	1,228,704	1,376,029	1,630,757	1,403,664	1,445,626	1,400,920	1,400,734	1,484,137
Federal Funds	13,854,218	13,539,617	15,999,287	21,027,667	69,892,872	20,129,657	19,869,298	33,143,925
<b>Total</b>	\$ 15,442,973	\$ 15,303,969	\$ 18,108,258	\$ 23,224,256	\$ 71,856,567	\$ 23,987,284	\$ 22,703,150	\$ 35,089,598
<b>FTE</b>	35.0	35.0	41.0	47.0	47.0	53.0	53.0	41.0