



Advancing Health in All Policies Efforts in Kansas

2013 National HIA Meeting • September 2013

Tatiana Lin, M.A.
Kansas Health Institute



PRESENTATION OVERVIEW

- **Three Sections**
 - Introduction
 - Overview of HiAP Efforts in Kansas
 - KHI Journey to HIA
- **Discussion and Questions**



WHO WE ARE

- **Mission:** To inform policymakers by identifying, producing, analyzing and communicating information that is timely, relevant and objective.
 - State-level public health, fiscal and health policy
 - Nonprofit, non-partisan, unaffiliated with academia, non-advocacy





Advanced search

Monday, May 14, 2012



BUDGET BLOG

A worrisome budget projection



May, 04, 2012

The Legislature's tax conference committee reached agreement this week on a tax plan that lowers income tax rates, and the Kansas Legislative Research Department released a projection showing how state finances might look if the tax plan were enacted. [Continue Reading](#)

PREVIOUS BLOG POSTS

Can current tax policy work in 2014?

Governor's claim of waiting list progress challenged

Federal officials have not responded to Gov. Sam Brownback's assertions that his administration is in full compliance with the Americans with Disabilities Act. But advocates for the physically disabled say the governor's recent open letter to federal officials asserting his administration is doing enough to help people with physical disabilities live in community settings should not go unchallenged. [Continue Reading](#)

1 2 3 4 5



HEALTH IN ALL POLICIES IN KANSAS



PRACTICAL HiAP APPLICATIONS IN KANSAS

- Children's Health in All Policies
- Healthy Communities Wyandotte
- Health Impact Assessments



WHY DID KHI ENGAGE IN HIAP WORK?

- KHI searched for new ways to encourage cross-sectoral collaboration and integrate “health” into decision-making
- Health in All Policies Approach
 - Aligns with KHI mission and goals
 - To help policymakers understand how the health of Kansans is influenced by a wide range of factors, including socioeconomic status, cultural diversity and lifestyle choices



CHILDREN'S HEALTH IN ALL POLICIES

- Conducted a pilot project –
 - *Children's Health in All Policies (CHAP)* in 2009
- Explored how the HiAP concept could be used in Kansas to work within and across sectors



Children's Health in All Policies
A Workbook

KHI/10-08 | December 2010





KANSAS CHAP INITIATIVE

Goal:

- Use HiAP approach to develop effective policy strategies to improve children's health in Kansas

Objectives:

- Understand impact of social and physical environmental factors (i.e., health determinants)
- Identify health determinants that can be improved
- Evaluate policy options across multiple sectors that could improve health by impacting determinants

Launched in November 2009

Goal:

1. Examine important children's health issues in Kansas using Health in All Policies Approach

The main goal of the CHAP initiative was to examine important children's health issues in Kansas using Health in All Policies Approach.

This approach offered alternative ways of thinking about identified health issues, specifically it allowed to understand each health issues within the larger context of social and physical environmental factors which influence health behaviors. It also gave us an opportunity to explore promising policies that can address health issues by bringing multiple sectors together. (Examine which determinants of health can be improved and how they are impacted by policies of non-health sectors).

- Understand the impact of social and physical environmental factors on health
- Examine which determinants of health can be improved
- Examine which non-health sectors can impact determinants of health



METHODS: PREPARATION

Steps

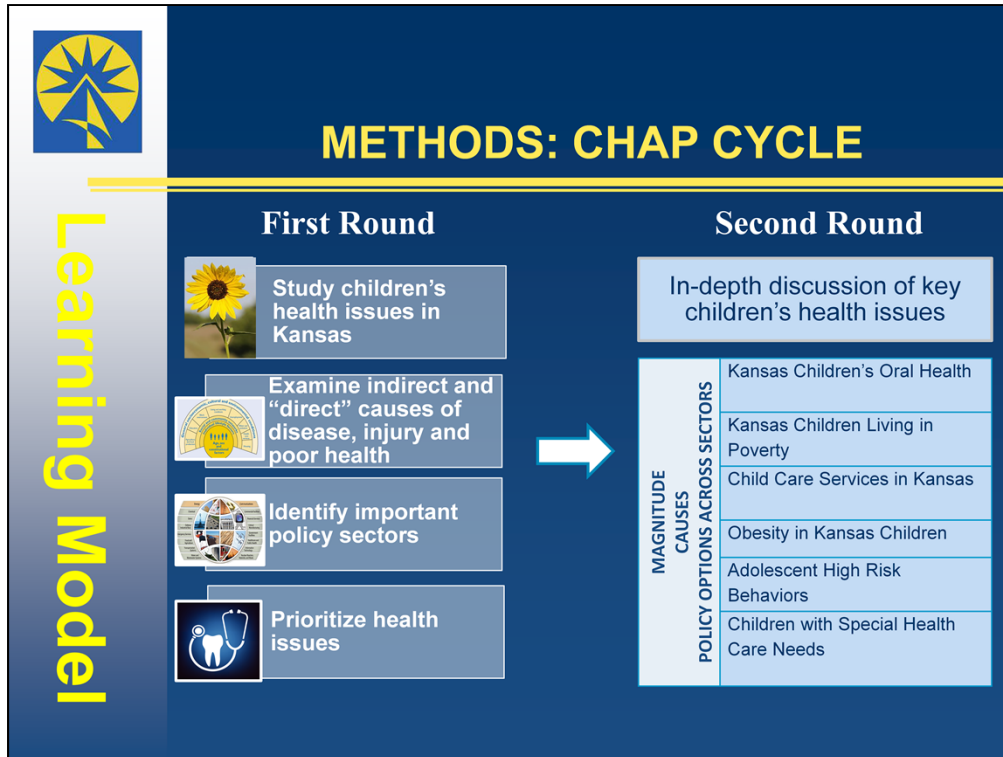
- Identified and examined 10 children's health issues
- Produced 10 "backgrounders"
- Created Advisory Panel (21 participants)

Issues

Kansas Children's Oral Health
Kansas Children Living in Poverty
Child Care Services in Kansas
Health Insurance and Kansas Children
Infant Mortality in Kansas
Obesity in Kansas Children
Adolescent High Risk Behaviors
Children with Special Health Care Needs
Childhood Injury in Kansas
Built Environment and Kansas Children

In preparation for the convenings, we went through the following three steps:

1. Based on qualitative and quantitative information, we identified 10 children's health issues. The issues included....
2. Produced 10 background papers on the selected children's health issues. Each backgrounder included date-driven information about the issue. The purpose of each background paper was "to set the stage" and introduce panel members to the children's health issues in Kansas.
3. Created the CHAP advisory panel (included 10 legislators and 20 rep. from gov. and non-gov. organizations).



Learning Model:

1. Developed learning model was focused on facilitating two-way communication with the CHAP advisory panel. Engaged Advisory Panel from day 1 to enhance buy-in and ownership, and to provide guidance
2. CHAP cycle included 4 CHAP convenings with action period between each. To maximize attendance of Kansas legislators, all 4 convenings were held during the 2010 Legislative Session (during lunch break).
3. All members of the advisory panel received topic-specific materials before each meeting.
4. First two meetings were structured as workgroup meetings. Each meeting was scheduled for 2 hours. Before arriving, participants were divided into groups of 6 (based on their area of expertise/interest) and assigned to one of two tables. At each table, both stakeholders and state legislators discussed causes, actual causes, sectors of interest, and policy options of each CHAP issue. Each table was facilitated by a KHI staff. The facilitator was responsible for: briefly introduce the issue, address 2 questions about causes and actual causes and facilitate the discussion. At table 1, attendees discussed that although SIDS is one of main well-known causes of infant mortality, the underlying origins of SIDS include unsafe sleeping practices, exposure to secondhand smoke. In other words, there were some "actual" causes for infant mortality. As for sectors of interest in the area of infant mortality, participants listed education, business, and public health.
5. After each table finished discussing their respective children's health issues, the conference came together as a whole and shared findings from each area – causes, "actual" causes, sectors of interest, and policy options. At end of first meeting, participants were asked to prioritize the issues (to choose 6 issues out of 10 to pursue in depth. This activity allowed to narrow the CHAP focus down from 10 issues to a primary 6 for further exploration. The selected issues included: Kansas Children's Oral Health Kansas Children Living in Poverty, Child Care Services in Kansas, Obesity in Kansas Children, Adolescent High Risk Behaviors, Children with Special Health Care Needs.

Action Periods:

1. During each action period the KHI staff conducted additional in depth analysis of each issue & developed annotated Power point presentations. Second set of meetings:
2. Structured as general sessions

3. 10 minute presentations (3 per meeting) and 15 minute large-group discussion. Slides were clear and concise. The “annotated” part included notes and citations on each topic.



Current steps:

Chap workbook - The CHAP workbook is an uncomplicated, short, down-to-earth reference for identifying promising policy solutions to improve the health of Kansas children. It is not a comprehensive comparison of best policies for improving health. Rather, the workbook is a tool for framing effective policy solutions to the leading health problems of Kansas children. The workbook illustrates a practical approach to policy making using the strategy of *Children's Health in All Policies*. It is intended for Kansas legislators, county and city commissioners, school boards, health departments and policymakers who want to improve the health of Kansas children". The chapters in this workbook address six of the most pressing children's health issues, as prioritized by the CHAP Advisory Panel. The issues are obesity, special health care needs, poverty, oral health, adolescent risk behaviors and child care services. Poverty, one of the key determinants of health, is examined in an expanded chapter. Each chapter begins by describing one of these issues. The challenges and existing efforts to address the problem are summarized. Promising policy solutions at the state and local level are presented, accompanied by an expanded set of policy solutions in the Appendix. Each chapter closes with a discussion of the policy implications and the impact of federal health reform.

HiAP Summit



USING HiAP IN WYANDOTTE COUNTY

- Healthy Communities Wyandotte focuses on changing communication, nutrition, environmental infrastructure, health services, and education to improve health in the county.
- The Steering Committee includes reps from:
 - Community organizations
 - Education
 - Philanthropy
 - Housing
 - Health
 - Business
 - Government
 - Neighborhoods





HiAP EXAMPLES IN WYANDOTTE

- ^{U11} Water Access – H₂O to Grow
 - In 2012, HCW partnered with another coalition to advocate for increased water access to grow healthy food.
 - They are developing a community garden pilot with local officials that focuses on water catchment and tap installation, repurposing public land, and partnering with neighborhood groups.
- On- and Off-Street Bike Facilities
 - In 2011, HCW partnered with the local government to help create a Sidewalk and Trails Master Plan for the county.
 - In 2013, the Infrastructure Action Team partnered with the county engineer to prioritize bike facility developments based on coalition input, population density maps and the Master Plan.

Slide 14

u11 Changed text on this slide
 ug, 4/2/2013



PROGRESSION FROM CHAP TO HIA

- A Natural Progression from CHAP Work
- HIA Work - Part of KHI Strategic Plan
 - To build internal capacity
 - To become an HIA technical assistant contact in Kansas
- Received a National Grant – Health Impact Project
 - The Pew Charitable Trusts and Robert Wood Johnson Foundation
 - Local foundation support: Kansas Health Foundation
- HIA portfolio:
 - Two HIAs – 2012 (Casino) and 2013(Transit)
 - Future HIAs: Corporate Farming and Liquor (2013-2014)



RATIONALE FOR HEALTH IMPACT ASSESSMENTS IN KANSAS

■ HIAs

- Help connect the dots between KS policies and health
- Bring evidence-based storytelling to policy discussions
- Increase KS communities' engagement in policymaking
- Offer a menu of evidence-based options for maximizing health benefits and minimizing negative ones
- Identify available resources and areas for improvement
- Build local "case studies"



FIRST KANSAS HIA: STATE POLICY

Opportunity:

Inform decision-making on legislation that could increase the likelihood of developing a casino in Southeast Kansas

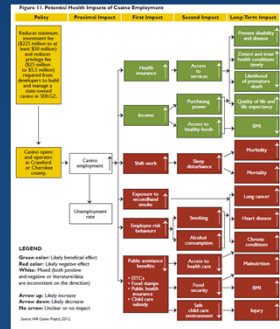


Policymakers:

Kansas Legislature

Health Impacts:

- Access to gambling
- Economic Stimulant (employment, tourism)





FIRST KANSAS HIA: STATE POLICY

KANSAS HEALTH INSTITUTE
Information for policymakers. Health for everyone. KHI.ORG

Potential Health Effects of Casino Development in Southeast Kansas

Kansas Health Impact Assessment Project

18
 October 2012
 KHI12-18

Health Factor or Outcome	Expected Change Based on Literature	Observed Changes in Health (based on Data)	Stakeholder Projections	Based Primarily on Evidence From Literature				Quality of Evidence
				Expected Health Impact	Magnitude of Impact	Likelihood of Impact	Distribution	
CASINO EMPLOYMENT								
Casino employment	Increase	Increase	Increase	Mixed	Low	Likely	Casino workers and their families	****
Unemployment rate	No change	No change	Decrease	No effect	None	None	No change	***
Health insurance	Increase	N/A	Mixed	Positive	Low	Likely	Casino full-time workers and their families	****
Income	Increase	N/A	Mixed	Positive	Low	Likely	Casino workers and their families	****
Shift work and sleep disturbance	Increase	N/A	N/A	Negative	Low	Likely	Casino workers and their families	**
Secondhand smoke exposure	Increase	N/A	Increase	Negative	Medium	Likely	Casino workers and patrons	****
Employee risk behaviors	Increase	N/A	Increase	Negative	Low	Possible	Casino workers	***
Public assistance benefits	Decrease	N/A	Mixed	Negative	Low	Possible	Public assistance recipients who become casino workers	**
TOURISM								
Tourist activity	Increase	Increase	Increase	Mixed	Medium	Likely	Community members	****
Leisure and hospitality industry jobs	Increase	Increase	Increase	Positive	Medium	Likely	Community members	****
Health insurance	Increase	N/A	Increase	Positive	Low	Likely	Leisure and hospitality workers and their families	****
Income	Increase	N/A	Mixed	Positive	Low	Likely	Leisure and hospitality workers and their families	****
Per capita income	Mixed	N/A	Increase	Positive	Medium	Uncertain	Community members	**
Population growth	Increase	Increase	Increase	Mixed	High	Likely	Community members	****



SECOND KANSAS HIA: LOCAL POLICY

Opportunity:

Inform decision-making on changes to the public transit system in Wichita, Kansas

Policymakers:

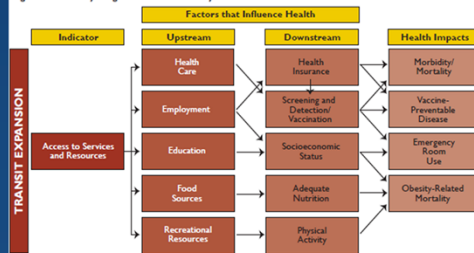
Wichita City Council,
Wichita Transit

Health Impacts:

- Access to services
- Switching from driving to transit



Figure 10. Pathway Diagram: How Transit May Affect Health





SECOND KANSAS HIA: LOCAL POLICY

Potential Health Effects of Proposed Public Transit Concepts in Wichita, Kansas

Kansas Health Impact Assessment Project

September 2013 KH013-08

Table 13. Potential Impact of Transit on Access to Services and Other Factors

Health Factor or Outcome	Expected Change to Wichita (Based on Literature and Data)	Expected Health Impact	Magnitude of Impact	Likelihood of Impact	Distribution (Population Mostly Affected)	Quality of Evidence: Scale 1-3 (1 is Strongest)
ACCESS TO SERVICES AND RESOURCES						
Access to Health Care						
A	Increase	Positive	Medium	Likely	Low-income, immigrant, elderly, disabled	***
B	Mixed	Mixed	Medium	Likely		
C	Decrease	Negative	Low	Likely		
D1	Increase	Positive	Low	Uncertain		
Access to Employment						
A	Increase	Positive	Medium	Likely	Shift workers, low socioeconomic, students (day and evening), unemployed	***
B	Mixed	Mixed	Medium	Possible	Shift workers, some low socioeconomic, students, unemployed	
C	Decrease	Negative	Medium	Possible	Low socioeconomic, students (day)	
D1, D2	Increase	Positive	Low	Possible	Residents of outlying communities, commuters	
Access to Food Sources						
A	Increase	Mixed	Medium	Uncertain	Low-income, immigrant, elderly, disabled, individuals without car	***
B	Mixed	Mixed	Medium	Uncertain		
C	Decrease	Negative	Medium	Uncertain		
Access to Education						
A	Increase	Uncertain	Low	Uncertain	K-12 students (and parents) and college students	*
B	Decrease	Uncertain	Low	Uncertain		
C	Decrease	Uncertain	Low	Uncertain	Students and parents	
D1, D2	Increase	Uncertain	Low	Uncertain	College students	
Access to Recreational Resources						
A	Increase	Uncertain	Low	Uncertain	Wichita community members	*
B	Decrease	Uncertain	Low	Uncertain		
C	Decrease	Uncertain	Low	Uncertain		

Note: Only applicable concepts are listed in the table. Legend is available in Appendix A (page A-1). Source: SHH HIA Transit Project, 2013.

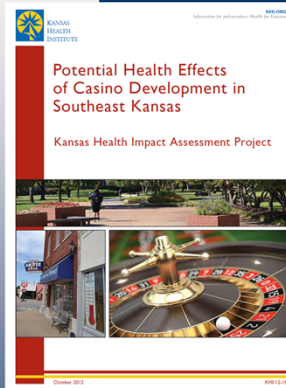


TIPS FOR ADVANCING HiAP IN KANSAS THROUGH HIAs

- Build HIA capacity in Kansas
 - Encourage local health departments, Kansas legislative research department and others to learn how to conduct HIAs
- Create a demand for HIAs among Kansas policymakers
- Increase understanding of value of cross-sectoral partnerships



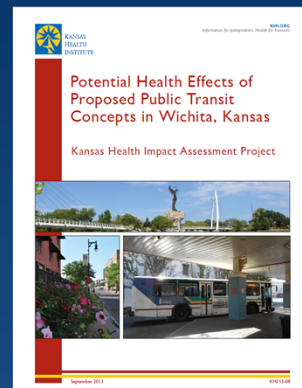
LINKS TO KHI HIA Related Publications



Full report



Issue Brief



Will be available Oct. 14



CONTACT INFORMATION

Tatiana Lin: tlin@khi.org

Kansas Health Institute
212 Eighth Ave., Suite 300
Topeka, KS 66603
Phone: (785) 233- 5443

www.khi.org

<http://www.khi.org/hia>



Kansas Health Institute



Information for policymakers. Health for Kansans.