Approved: 2-10-03
Date

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE.

The meeting was called to order by Chairperson Jim Morrison at 1:34 p.m. on February 5 , 2003, in Room 243-N of the Capitol.

All members were present except Representatives Landwehr and Hill.

Committee staff present:
Bill Wolff, Legislative Research Department
Renae Jefferies, Revisor of Statutes' Office
Gary Deeter, Committee Secretary

Conferees appearing before the committee:
Joyce Volmut, Executive Director, Kansas Association for the Medically Underserved
Robert St. Peter, M.D., President, Kansas Health Institute
Lou Saadi, Director, Office of Health Care Information, Kansas Department of Health and Environment

Others attending: See attached Guest List

By a motion, second, and unanimous assent the minutes for February 3 were approved.

Joyce Volmut, Executive Director, Kansas Association for the Medically Underserved (KAMU), reviewed the Association's services of providing community-based health care to the indigent and the uninsured. (Attachment 1) Begun in 1991 with ten clinics through funding initiated by the Kansas Legislature, KAMU now administers 33 clinics with a budget of $1.5 million and an increase of 1200% in patients served.

Ms. Volmut noted three types of clinics which provide health care for the under and uninsured:

- Community-based primary care clinics;
- Federally qualified health centers; and
- Nonprofit primary care clinics.

She stated that most patients make the community clinic their medical home; 50% stay enrolled in the service. She said studies show that those who make use of clinics are less likely to need emergency or hospital care, reducing the overall cost of health care, stating that 70% of clinic patients have no insurance and that 62% have earnings below the federal poverty level.

Ms. Volmut concluded by saying that with health costs rising, more Kansas citizens will resort to clinics; she recommended the legislature increase funding to meet this increased need. Representative Reitz echoed the importance of meeting this need.

Robert St. Peter, M.D., President of the Kansas Health Institute, outlined the health-care research and analysis provided by the Institute to equip Kansans to optimize their health. (Attachment 2) He said the

Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

Institute is independent, nonpartisan, nonprofit, and Kansas-specific, providing high-quality health-care information to policy-makers and citizens alike. With an annual budget of $2.4 million and core funding from foundations, the Institute provides:

- research, such as the Kansas gulf War Veteran Syndrome project;
- policy analysis, for example, assessing the KDHE reorganization;
- data generation and analysis, such as Minority Health Disparities study;
- evaluation and monitoring of programs such as HealthWave; and
- workshops/forums, such as the HIPPA readiness conference.

He noted that presently the Institute has 16 active projects for the year.

Lou Saadi, Director, Office of Health Care Information, Center for Health and Environmental Statistics, Kansas Department of Health and Environment, briefed the Committee on the Center's capacity to provide significant data to enable the legislature to make informed health policy decisions. (Attachment 3) She said a paradigm shift authorized by the legislature began 9 years ago, resulting in the Center's present ability to acquire broad ranges of data, standardize it for meaningful analysis, and provide an extensive variety of information for policy makers.

Ms. Saadi listed several initiatives created by the Center:

- The Health Care Data Governing Board, which advises the KDHE secretary;
- The Kansas Health Insurance Information System,
- Workers Compensation Medical Fee Schedule Data Support, whose tracking has resulted in fairer reimbursement fees;
- Vital Statistics Data Analysis, one use of which has been to terminate services fraudulently filed after the death of a person;
- Improved Public Health Surveillance Systems; and a
- National Electronic Disease Data System.

The Chair invited further bill introductions. Representative Kirk requested the Committee sponsor a bill to encourage the education and dissemination of information on emergency contraceptives. (Attachment 4) A motion was made, seconded, and passed to sponsor such legislation.

Staff Bill Wolff briefed the Committee on **HB 2155**, the granting of a temporary permit for out-of-state dentists and dental hygienists to practice for 14 days at clinics for the indigent, provided that the individual holds a valid license in another state and had not previously failed a Kansas competency test. Dr. Wolff noted that the language of the bill is inconsistent with K.S.A. 75-6202, where the word *license* rather than *permit* is used. He said changes should also be made in the language that applies to dental hygienists. He commented that K.S.A. 65-1466, which limits dental practice in a corporate setting, allows an exemption for indigent care, a section of law which might require further language adjustments in the

bill. He also observed that dentists practice under the Kansas Tort Claims Act; having out-of-state dentists practicing on Kansas citizens and then leaving the state might be at variance with the Act.

The Chair announced that Representatives Patterson and Hill will be leading the hearing tomorrow. The meeting was adjourned at 2:45 p.m.

HOUSE HEALTH AND HUMAN SERVICES COMMITTEE
GUEST LIST

DATE: FEBRUARY 5 2003

NAME	REPRESENTING
Joyce Volmut	Kansas Assoc. Medically Underserved
Chip Wheelen	Assn of Osteopathic Med.
Kyle Brewster	KS SRS / Medicaid
Thelma Bowhay	SRS / medicaid HCP
Carolyn Middendorf	Ks St Ns Assn
Kevin Robertson	Ks Dental Assn
[illegible] Rower	KAMP

Kansas Association
for the
Medically Underserved
The State Primary Care Association

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www.ink.org/public/kamu

2003 Legislative Update
Health and Human Services Committee
February 5, 2003

Representative Morrison and Members of the Health and Human Services Committee,
My name is Joyce Volmut. I am the Executive Director of the Kansas Association for the Medically Underserved, an association of community based primary care safety net clinics and health centers in Kansas. I have been asked to give you an update of the status of the medically underserved in Kansas and of the community based clinics and health centers that provide essential primary care services to the population.

We believe lack of access to comprehensive primary care (medical, dental and mental health) is one of the greatest health disparities in Kansas. in 1991, the Kansas legislature wisely responded to this disparity by appropriating dollars to increase access and remove barriers to care for populations who were otherwise without access. Ten clinics originally qualified for funding during that first grant cycle. An additional five clinics were awarded funding in 1993 when the Kansas legislature increased appropriations in the program from 1 million to 1.5 million dollars.

Today, the need has grown beyond these 15 clinics. In the past 10 years, there has been no increase in dollars. Currently 33 clinics exist and the number of patients has increased by 1200% since 1991.

According to the 2001 KAMU member **Service Profile and Directory**, Kansas community based primary care clinics and health centers provided services for 122,592 individuals in Kansas. 70% (85,814) of these were uninsured. This represents 1 out of every 4 uninsured Kansan and 16% of the Kansas population with incomes below 200% of poverty who are considered at risk for becoming un or under insured. This also represents a 24% increase in the number of individuals served from the prior year- when 101, 790 individuals were served, an increase of 27% in the number of visits (344,510 in 2001 compared to 270,454 visits in 2000), and a 34% increase in clinic uninsured users.

Who are the Kansas Primary Care Clinics and Health Centers
Definitions:
Primary Care Clinics and Health Centers include Federally Qualified Health Centers, Community Based Primary Care Clinics and other non profit clinics who are members of

Attachment 1
HHS 2-5-03

the Kansas Association for the Medically Underserved.
These Member organizations are public and privately owned and have in common their mission; ***to serve as a medical home to medically underserved populations in Kansas***
regardless of ability to pay.

In order to do this, clinics and health centers are compelled to partner with communities, private foundations, the state of Kansas and the federal government to meet the needs of their patients. Although the majority of the agencies are private nonprofit, four are in local health departments.

Community Based Primary Care Clinics and health centers operate within the following definition of primary care, ***"Integrated, accessible*** *health care services by clinicians who are* ***accountable*** *for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community." (Institute of Medicine, 1994).* Key in this language are the words integrated, accessible and accountable to which we add ***affordable*** as it relates back to our mission.

What is Community Based Care?

Community Based Care is taken from the health care delivery model of care, (Community Oriented Primary Care) It is a manner of organizing and providing primary and preventive health care services that best meet the needs of the community. Community Oriented Care bridges clinical medicine and public health. It makes the community the focal point, and provides a conceptual framework to rationalize, organize and adapt resources for the delivery of health services.

What is a Federally Qualified Health Center?

Established by the Omnibus Budget Reconciliation Act of 1989 and amended in 1990, 1992 and 1993, an FQHC is defined as a comprehensive primary care center whose primary purpose is to provide services to low income and vulnerable populations.

All Federally Qualified Health Centers (FQHC's) are governed by Boards that by law are composed of fifty-one percent users of the Health Center. This guarantees that patients

who use the service have input into the management, quality and type of services they receive.

Federally funded Section 330 Public Health Services Act Community Health Clinics in Kansas include the, Douglas Community Health Center in Kansas City, Kansas; Hunter Health Clinic, Inc. in Wichita; Konza Prairie Community Health Center in Junction City; Shawnee County Health Agency in Topeka; Flint Hills Community Health Center in Emporia; United Methodist Mexican American Clinic in Garden City; Wathena Medical Center, a satellite of the Northwest Health Services CHC in St Joseph Mo; Community Health Center of South East Kansas, in Pittsburg; We Care Inc, in Great Bend; the Kansas Farmworker Health Program and United Methodist Health Center of Wichita, an FQHC look-a-like, which means this clinics has the same structure as a Section 330 clinic but does not receive federal grant operating dollars.

FQHC's increase access to primary care. They do this because they exist in areas where vulnerable populations live. They work to remove barriers to care. This means they must;

- Be in Federally designated Medically Underserved Areas or in Health Professional Shortage Areas.
- Charge for services according to a sliding fee scale.
- Assure access to care all persons, regardless of ability to pay.
- Provide comprehensive primary care services including access to diagnostic laboratory, x-ray, pharmacy and dental Care.

FQHC's are a valuable health care resource to the client, community and state because they have the capacity to expand their dollars by building networks of providers within local communities.

The overriding concern of the FQHC is to work toward overcoming geographic, economic, cultural and language barriers to health care. They must be able to identify needs of the clients or population they serve and define their role in meeting these needs.

What is the Community Based Primary Program?

In 1991, the Kansas Legislators appropriated funds to start primary care services for underserved populations in the state. The purpose was to increase access for the growing number of Kansans who were unable to access care for a variety of reasons, economic, cultural or conditional. Many were without health insurance. Others lived in areas where there was a shortage of primary care providers.

Modeled after the Public Health Section 330 Community Health Centers that focus not only on improving the health of the individual but on improving the health status of the community, a state program was developed.

Commonly referred to as Community Based Primary Care Clinics, these clinics receive a portion of their operating funds from Kansas Department of Health and Environment and provide services in twenty-three Kansas communities. Clinics participating in this

program are the Mercy Hospital System of Care Rural Health Clinics, Community Health Center of Hutchinson, Douglas Community Health Center, Duchesne Clinic, Flint Hills Community Health Center, Health Care Access, Health Ministries of Harvey Co, Health Partnership Clinic of Johnson County, Marian Clinic, Riley County Community Health Clinic, St Vincent Clinic, United Methodist Health Clinic of Wichita, Inc, United Methodist Mexican-American Ministries, We Care Project, Inc and The Center for Health and Wellness.

Like FQHC's, Community Based Primary Care Clinics have local boards, although their boards need not be user based. To receive funds, Community Based Primary Care Clinics, through their community Boards, agree to match dollar per dollar each state primary care dollar they received. Additionally they establish partnerships with other local community health providers in order to avoid duplication of services where practical..

This investment has paid off. Community Based Primary Care Clinics receive strong community support. This support has been good for the community and for Kansas because it has enabled primary care clinics to expand services to local residents in need. It has also enabled them to apply for other dollars that stretch services to the community and to partner with local health agencies for other services , such as Mammograms, other X-ray or radiology services, laboratory, pharmacy, medical, dental care and other support services.

Like FQHC's, the Community Based Primary Care Clinics offer a medical home to their patients. This means that through these clinics, patients are able to seek continuous primary care. *In fact our studies and patient satisfaction surveys show once enrolled, over 50% of the patients continue to stay enrolled in the service.*

Other Community Based Non Profit Primary Care Clinics

Other primary care clinics, serving the same population of clients, also exist. Many receive a portion of their funding from private sources, such as foundations. Some rely solely on voluntary support. *They vary in size and capacity but their mission remains constant - To provide primary care services to Kansans who are otherwise unable to access care.*

Like FQHC's and Community Based Primary Care Clinics, these private non-profit clinics developed because of community need. Their governance is generally by community boards. Services provided are both health and social in nature. A few serve as gate keepers, providing care to clients who fall through the cracks but also assisting clients to find continuous health care within the community .

How are the Services Provided?

Though no models are identical, Primary Care Clinics and Health Centers provide comprehensive care, based on the community model described earlier. Services are delivered on site by qualified providers, physicians, dentists, physician assistants and nurse practitioners.

Services include continuous health care for such conditions as Diabetes, Hypertension or Asthma as well as prevention, such as prenatal care, adult and child periodic examinations, periodic screening and health education. Additionally health centers provide case management, translation services, transportation and assistance and referral for Medicaid eligibility and other social services.

Several studies, both nationally and in Kansas show the efficacy of these programs.

- The National Academy of Sciences Institute of Medicine, a report issued in late 2002, praised health centers for their "strong track record in chronic care management" and recommended them as models for delivery of primary health care services.
- A study of Medicaid beneficiaries in 5 states in 2001 found that Medicaid beneficiaries who receive care at health centers were significantly less likely to be hospitalized or to visit hospital emergency rooms for ambulatory care sensitive conditions.
- In New York - Medicaid spent 41% less on hospital care for health center patients than on non-center patients, 38% fewer admissions were reported and 50% fewer impatient days.
- In Washington State, health center patients had 31% fewer emergency room visits, 44% fewer laboratory tests, 44% fewer prescriptions and 71% fewer hospital outpatient visits than did Medicaid patients who use other sources of care.
- In Kansas, within three years after state funding was initiated at three Kansas locations Emergency Room decreased by initially by 63% while insured visits continued to rise. A later repeat of the study in one of the previously studied locations, continued to show a decline of 24%.
- In Kansas, the same study revealed health center patients rated higher than state or national averages for receiving the following health prevention services; for women over age 65, appropriate mammography and clinical breast exams, for other women, pap test in the past two years, and for all patients, annual blood pressure screenings. (Betty Smith Campbell, Preventive Health Services in Three Government Funded Health Centers. Family and Community Health April 2000)

Health centers achieve these savings through primary and preventive care and by promoting individual responsibility for health. Health center staff work to develop positive health behaviors and appropriate use of care. They strive to work within the community, integrating primary medical care with dental, mental health and social services.

In general health center and primary care clinic patients consistently report high satisfaction for care they receive.

Who are the Populations We Serve?

Patients visit primary care clinics and health centers for a variety of reasons - most of which have to do with lack of access. Although the majority of clients work, the jobs they hold pay minimum wage and offer no form of health coverage. Sixty-two percent have earnings below 100% of the Federal Poverty Level. The majority of clients (49%) are adults, between the age's 20-64. Children, ages 0-4 constitutes 20%, ages 5-19 - 24% and elderly, ages 65+ another 6%..

Clients who visit the clinics and health centers are asked to pay for the service they receive according to a discounted sliding fee scale that is based on the current year Federal Poverty Guidelines. In most clinics, patient or family income and family size are used to determine what level or percentage of the full charge for which a patient will be responsible. As an alternative, some clinics simply charge a nominal fee.

Over 70% of all clients served have no form of health insurance.

Reimbursement for services in the form of self pay, Medicaid, Medicare and other third party pay make up approximately 30% of the Health Centers and Primary Care Clinics overall revenue.

Dollars earned stay within the program, thus enabling the health centers and primary care clinics to expand services in some areas, purchase supplies and improve overall operations.

What does the future hold?

Because we believe these are critical times for the clinics, we are asking your support in requesting the state legislature to invest additional dollars in this state based program. This will assist existing clinics in meeting current caseloads, to expand community based services in other areas of need and to provide opportunity for other community based primary care clinics to increase their operational base..

Recognizing the constraints in the current budget we propose the following.

- Maintain the current level of funding for primary care in FY 2003
- Increase the level of funding for primary care in FY 2004
- Increase the level of funding for primary care in FY 2005 through targeted health care funds
- Maintain Medicaid Cost Based Reimbursement or Prospective Payment system for FQHC's and RHC's

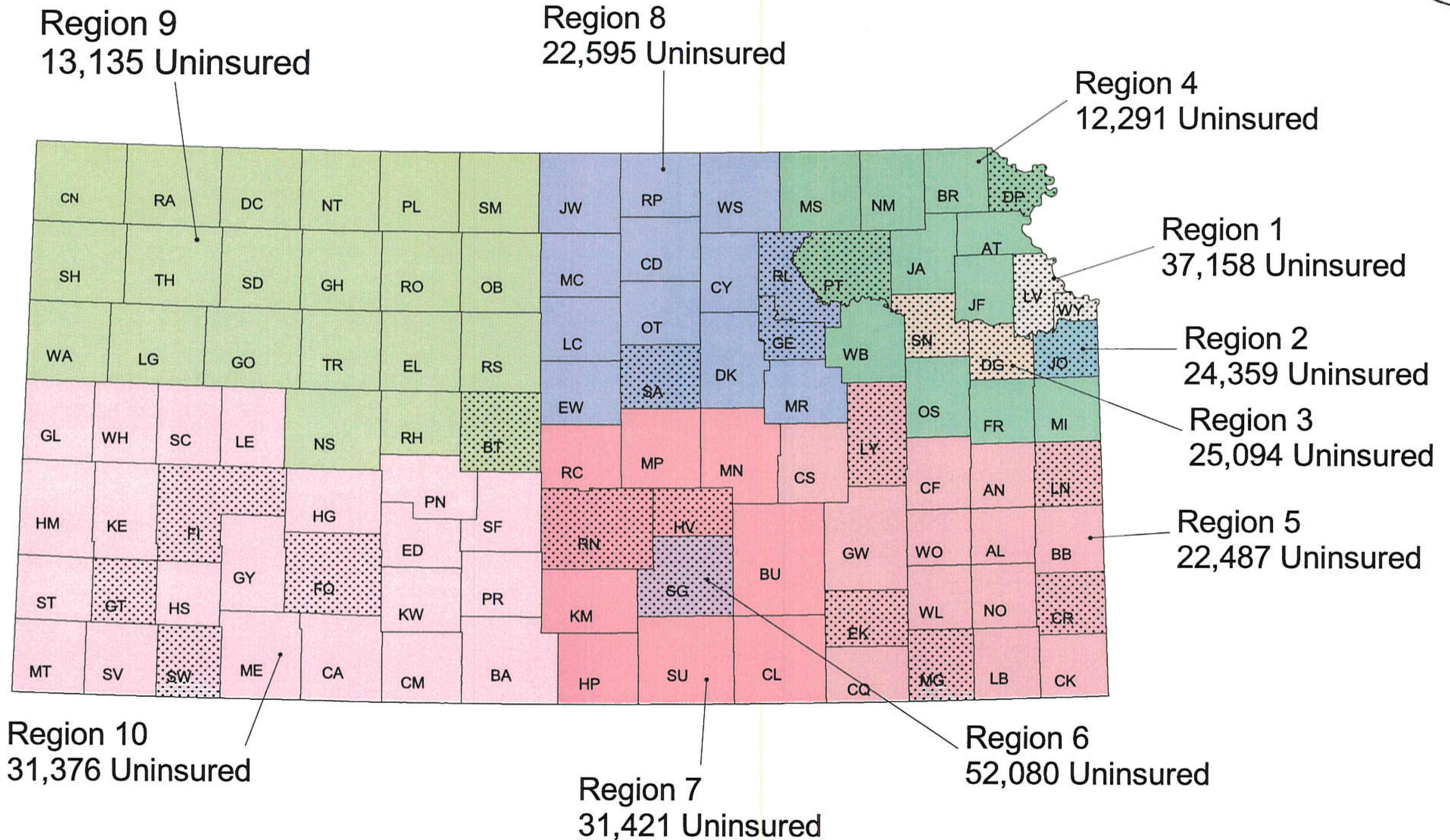
With this additional investment, Kansas community based clinics and health centers will be able to:

1. Implement, expand or maintain access to general primary care, expand dental care, better integrate mental health services, provide pharmacy, expand services in certain specialty areas, continue to provide the outreach and enabling services

that this population so badly needs.

2. Develop new access points in high risk areas of the state.
3. Assist existing clinics currently serving clients but not in the state system to expand services within their communities.
4. Purchase equipment and develop infrastructure.
5. Implement "best practices" models to reduce health disparity in Kansas.

Uninsured by Region



Who receives comprehensive, preventive and primary health care services at Safety-Net Clinics?

4.6% of ALL Kansans

28% of all UNINSURED Kansans

Safety Net Clinics

Regions and number of uinsured from the Kansas Health Insurance Study, August, 2001

Insurance Commission [illegible]ons/(Counties [illegible] clinics in each region)	Name of Safety-Net Clinic	Total "Self Pay" (uninsured) users in Clinics	Total Clinic Users	Total County Population	**Region**/ County population below 200% of poverty	Ins. Comm. Data for Uninsured by Region	% of uninsured by **region** seen in clinics	% of total population by **region**/county seen in clinics
Region 1		**9,603**	**13,572**	**226,573**	**71,907**	**37,158**	**25.84%**	**5.99%**
Leavenworth	Saint Vincent Clinic	1,014	1,014	68,691	12,315			1.48%
Wyandotte	Duchesne Clinic	2,794	2,794	157,882	59,592			7.95%
	Douglas Community Health Center	1,188	1,809					
	Silver City Health Center	0	346					
	Southwest Boulevard Family Health Care	707	1,609					
	Turner House Clinic	3,900	6,000					
Region 2		**2,881**	**2,881**	**451,086**	**48,238**	**24,359**	**11.83%**	**0.64%**
Johnson	Health Partnership Clinic of Johnson County	2,881	2,881	451,086	48,238			0.64%
Region 3		**10,913**	**14,517**	**269,833**	**71,421**	**25,094**	**43.49%**	**5.38%**
Douglas	Douglas Co Dental	156	326	99,962	29,206			1.35%
	Health Care Access	3,069	1,023					
Shawnee	Marian Clinic/Martin dePorres	2,302	3,948	169,871	42,215			7.75%
	Shawnee County Health Agency	5,386	9,220					
Region 4		**364**	**2,061**	**183,453**	**48,700**	**12,291**	**2.96%**	**1.12%**
Doniphan	Wathena Medical Center	353	2,050	8,249	2,803			24.85%
Pottawatomie	Pottawatomie County Health Department	11	11	18,209	5,072			0.06%
Region 5		**4,673**	**19,865**	**261,618**	**92,441**	**33,487**	**13.95%**	**7.59%**
Crawford	Community Health Center of Southeast Kansas	2,399	8,477	38,242	13,908			26.78%
	Medical Plaza of Arma	244	1,766					
Elk	Elk County Rural Health Clinic	125	715	3,261	1,243			21.93%
Linn	Pleasanton Family Practice	289	1,953	9,570	2,897			20.41%
Lyon	Flint Hills Community Health Center	1,335	4,791	35,935	12,724			13.33%
Mongomery	Cherryvale Rural Health Clinic	281	2,163	36,252	12,412			5.97%

Insurance Commission **Regions**/(Counties with clinics in each region)	Name of Safety-Net Clinic	Total "Self Pay" (uninsured) users in Clinics	Total Clinic Users	Total County Population	**Region**/ County population below 200% of poverty	Ins. Comm. Data for Uninsured by Region	% of uninsured by **region** seen in clinics	% of total population by **region**/county seen in clinics
Region 6		**22,847**	**33,999**	**452,869**	**115,014**	**52,080**	**43.87%**	**7.51%**
Sedgwick	Good Samaritan Clinic/World Impact, Inc	984	2,330	452,869	115,014			7.51%
	Guadalupe Clinic	3,139	3,139					
	Hunter Health Clinic	10,354	13,957					
	Sedgwick County Health Department Children's Primary Care Clinic	717	1,794					
	United Methodist Health Clinic of Wichita, Inc	7,653	12,779					
Region 7		**3,137**	**3,767**	**288,263**	**77,131**	**31,421**	**9.98%**	**1.31%**
Harvey	Health Ministries Clinic	883	905	32,869	7,543			2.75%
Reno	Community Health Center	2,254	2,862	64,790	19,224			4.42%
Region 8		**14,758**	**20,500**	**228,232**	**71,591**	**22,595**	**65.32%**	**8.98%**
Geary	Konza Prairie Community Health Center Inc	3,193	6,278	27,947	10,968			22.46%
Riley	Riley County-Manhattan Health Department	10,456	13,195	62,843	21,609			21.00%
Saline	Salina Cares Health Clinic	1,109	1,027	53,597	14,235			1.92%
Region 9		**1,087**	**1,160**	**139,732**	**46,255**	**13,135**	**8.28%**	**0.83%**
Barton	We Care Project, Inc	1,087	1,160	28,205	9,989			4.11%
Region 10		**5,969**	**7,603**	**186,759**	**66,363**	**31,376**	**19.02%**	**4.07%**
Finney	United Methodist Mexican-American Ministries	5,969	7,603	40,523	15,885			18.76%
State wide programs	Kansas Statewide Farmworker Health Program	2,374	2,667					
State		**78,606**	**122,592**	**2,688,418**	**709,061** (26% of state)	**282,284**	**27.85%**	**4.56%**

Percentages for uninsured by region from *Finding and Filling the Gaps: Developing a Strategic Plan to Cover All Kansans*
The Kansas Health Insurance Study
Commissioned by: Kansas Insurance Department
August, 2001

Population data from 2000 census data www.census.gov

1-10

Health and Human Services Committee

February 5, 2003

Kansas Health Institute

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Vision

Healthier Kansans through informed decisions

Attachment 2-1
HHS 2-5-03

Mission

To conduct research and policy analysis on issues that affect the health of Kansans and to communicate that information so that informed decisions can be made which optimize our health

Priorities in Identifying Projects

- Relevance of the project to Kansas
- Inclusion of population-based approaches and a broad definition of health
- Potential for collaboration with other research partners in the state
- Generation of non-partisan, high quality and timely information

KHI Basics

- Annual operating budget of $2.4 million
- Kansas Health Foundation core funding
- Additional $4+ million in grants since 1999
- Half of grant revenue flows through to other research partners
- 20 full-time positions
- Extensive use of experts/consultants

Are There Others Like Us?

- Independent and non-partisan
- Not university-based
- Entirely state-focused
- Applied nature of work
- Substantial core funding
- Small network of similar state-based organizations forming nationally

KHI Areas of Focus

- Public health
- Health insurance programs
- Vulnerable populations

KHI Activities

- Research
- Policy analysis
- Evaluation and monitoring
- Data development
- Workshops and meetings

Representative Projects

- Research
  - understanding enrollment/disenrollment from public health insurance programs
  - preparedness of local health departments to respond to biological and chemical events
  - Kansas Gulf War Veteran Syndrome project
  - prevalence of hunger and food insecurity

Representative Projects

- Policy analysis
  - Health Policy Forums on various topics
  - Kansas Rural Health Options Program
  - *ad hoc* convening on health policy issues
  - state planning grant for uninsured
  - analysis of alternatives to standard community water fluoridation in Wichita/Sedgwick County
  - analysis of KDHE reorganization
  - water and health issues in Kansas

Representative Projects

- Evaluation and monitoring
  - evaluation of HealthWave
  - evaluation of nutrition education program for young African American females
  - Healthy Start Home Visitor program evaluation
  - Children's Cabinet technical assistance on evaluation strategies

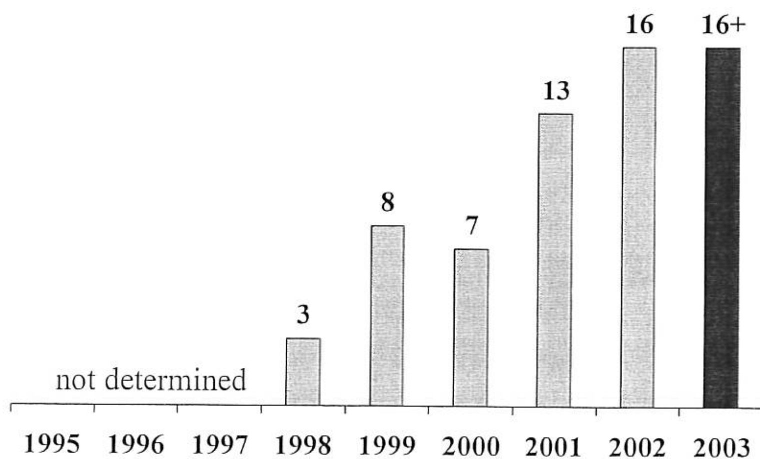
Representative Projects

- Data development and analysis
  - SRS contract for Medicaid/HealthWave data
  - analysis of data from the state-wide disease surveillance system (HAWK)
  - Minority Health Disparities project
  - Health Care Data Governing Board
  - Kansas Integrated Public Health System (KIPHS) software for local health departments

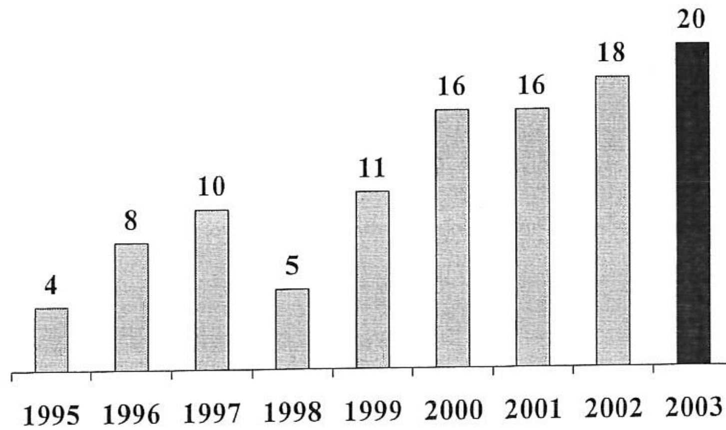
Representative Projects

- Workshops and other
  - data training for minority community leaders
  - summer internship program
  - HIPAA readiness conference
  - video conferencing capacity

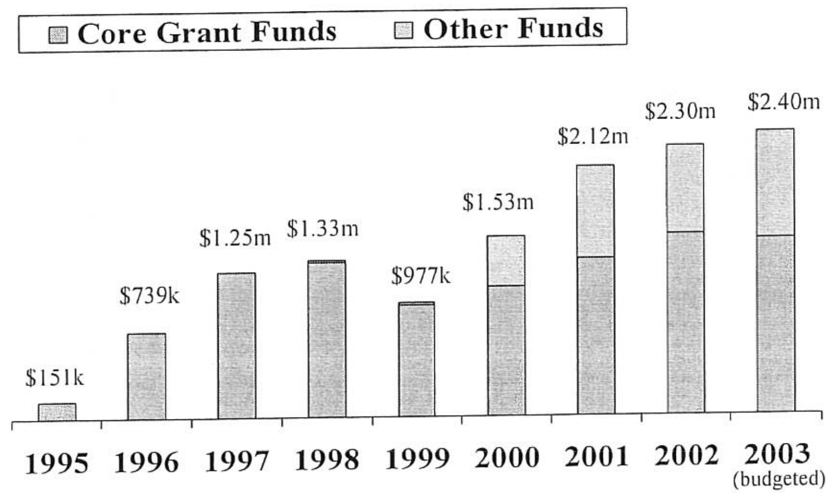
Number of Active Projects



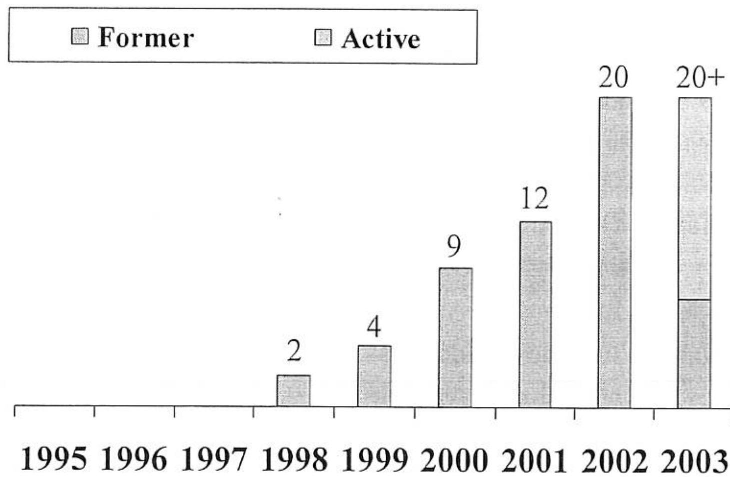
Number of Employees



Operating Expenses by Funding Source



Number of External Funders



KHI Funding Sources

- Foundations
  - National
    - Robert Wood Johnson Foundation
    - David and Lucile Packard Foundation
  - Local
    - Kansas Health Foundation (core funding)
    - United Methodist Health Ministry Fund
    - Prime Health Foundation

KHI Funding Sources

- State agencies
  - Kansas Department of Health and Environment
    - Division of Health
    - Bureau for Children, Youth and Families
    - Office of Local and Rural Health Systems
  - Kansas Department of Social and Rehabilitation Services
    - Division of Health Care Policy, Medical Policy/Medicaid
  - Kansas Insurance Department
  - Kansas Attorney General's Office
    - Vitamin Settlement committee

KHI Funding Sources

- Federal government agencies
  - Department of Health and Human Services
    - Agency for Healthcare Research and Quality
    - Health Resources and Services Administration
  - Department of Defense
- Local government agencies
  - Board of Health, Wichita/Sedgwick County

KHI Funding Sources

- Non-governmental agencies
  - Regional
    - Midwest Research Institute
    - Manhattan Community Health Council
    - Kansas Children's Service League
    - Kansas Public Health Association
    - Kansas Association of Local Health Departments
  - National
    - Academy for Health Services Research and Health Policy

Kansas Health Institute

Healthier Kansans through informed decisions

Kansas Health Policy Forums 2003

...a series of interactive sessions for policymakers examining a broad array of health issues.

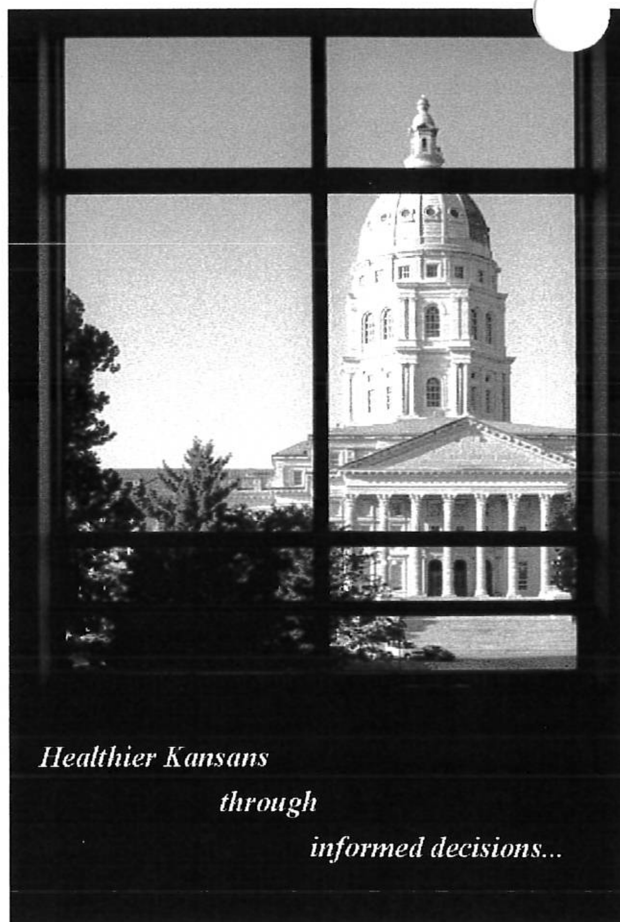
The Obesity Epidemic: *Can Public Policy Play a Role?*

Wednesday, February 12, 2003

3:30 - 6:00 p.m. (buffet dinner provided)
212 SW Eighth Avenue, Topeka
Lower Level Conference Room

Featured Speakers: *James S. Marks, MD, MPH,* *Director, Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC), Atlanta, Georgia*

William H. Dietz, MD, PhD, *Director, Division of Nutrition & Physical Activity, Center for Chronic Disease Prevention and Health Promotion, CDC, Atlanta, Georgia*



You are invited to attend this Kansas Health Policy Forum and join in a dialogue about the emerging obesity epidemic and its potential costs to the healthcare system and society.

Attendees will have the opportunity to hear brief presentations by two internationally-known experts from the CDC, who will discuss the magnitude and consequences of obesity. They will also share strategies that states might employ to address this critical health issue. The presentations will be followed by a facilitated discussion among participants. The attached Forum Factsheet highlights some national statistics and provides biographical information about the presenters.

Kansas Health Policy Forums are designed to provide policymakers an opportunity to discuss critical issues that affect the health of Kansans in a non-partisan, off-the-record setting. Participants include legislators, elected officials, state agencies and other stakeholders. The meeting site is conveniently located just north and across the street from the capitol. Information about the Kansas Health Policy Forums is available on the KHI website at *www.khi.org.*

Due to limited seating, *attendance is by invitation only* on a first come, first served basis. Priority will be given to legislators and executive branch officials.

RSVP requested by February 7, 2003
Call 785-233-5443 or E-mail skannarr@khi.org

The Forums are presented by the Kansas Health Institute. Funding is provided by grants from The Robert Wood Johnson Foundation and the Kansas Health Foundation, a Wichita-based philanthropy dedicated to improving the health of all Kansans. Support for this forum is provided by the Kansas Department of Health and Environment, Bureau of Health Promotion with additional funding provided by the Sunflower Foundation: *Health Care for Kansans,* a Topeka-based philanthropy with the mission to serve as a catalyst for improving the health of Kansans.

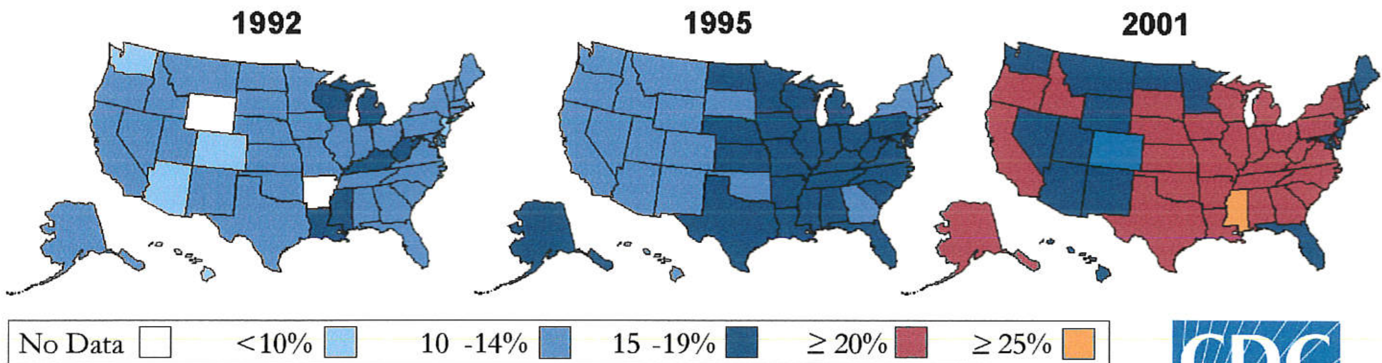
212 SW Eighth Avenue, Suite 300 Topeka, Kansas 66603-3936 Tel. 785-233-5443 Fax 785-233-1168 www.khi.org

Forum Factsheet

The issue of obesity is important for Kansas policymakers to consider because...

- Over 45 million adults in the United States are obese.
- Obesity is a known risk for heart disease, stroke, high blood pressure, diabetes, gallbladder disease, arthritis, breathing problems and some forms of cancer.
- The costs attributable to obesity were $99.2 billion in 1995, or 10 percent of total health care costs.
- In 2000, the total cost of obesity in the United States was more than $117 billion. This includes direct health care costs and and other costs such as the value of wages lost by people unable to work because of illness or disability and the value of future earnings lost by premature death.
- The percentage of adults who are obese in Kansas has increased over the last decade, as illustrated in the maps below. The percentage of obese adults in Kansas increased from just over 13 percent in 1992 to nearly 22 percent in 2001.

Obesity* Trends Among U.S. Adults
BRFSS 1992, 1995 & 2001**



* Defined as a Body Mass Index (BMI) of 30 or higher, or 30 pounds overweight for a 5'4" person
**Behavioral Risk Factor Surveillance System

The Forum will feature two internationally-recognized experts from the CDC

James S. Marks, MD, MPH, is the Director for the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) at the CDC. He has served as the Assistant Surgeon General of the United States since 1996. Dr. Marks received his BA degree from Williams College, his MD from State University of New York at Buffalo and his pediatrics training at the University of California at San Francisco. Dr. Marks was a fellow in the Robert Wood Johnson Clinical Scholars Program at Yale University, where he received his MPH degree.

Dr. Marks has published extensively in the areas health promotion, and chronic disease prevention, and has received numerous awards including the U.S. Public Health Service Distinguished Service Award.

William H. Dietz, MD, PhD, is the Director of the Division of Nutrition and Physical Activity in the Center for Chronic Disease Prevention and Health Promotion at the CDC. Prior to his appointment to the CDC, he was a Professor of Pediatrics at the Tuft's University School of Medicine and Director of Clinical Nutrition at the Floating Hospital of New England Medical Center Hospitals. He received his BA from Wesleyan University, his MD from the University of Pennsylvania and a Ph.D. in Nutritional Biochemistry from Massachusetts Institute of Technology (MIT).

Dr. Dietz is the author of more than 150 publications in the scientific literature and the editor of three books. He has been past president of the American Society for Clinical Nutrition and the North American Association for the Study of Obesity.

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KANSAS HEALTH INSTITUTE

January & February

Health Policy Calendar 2003

Kansas Health Policy Forums

January 28, 2003

3:30 to 6 p.m., dinner provided
Health Care Spending Growth and State Policy Options
Speaker: James M. Verdier, J.D., Senior Fellow,
Mathematica Policy Research, Inc., Washington, D.C.

February 12, 2003

3:30 to 6 p.m., dinner provided
The Obesity Epidemic: Can Public Policy Play a Role?
Speakers: James S. Marks, M.D., M.P.H., and
William H. Dietz, M.D., Ph.D.,
Centers for Disease Control and Prevention

Health Policy Brownbag Lunches

Lunches will begin promptly at noon and adjourn at 1 p.m.

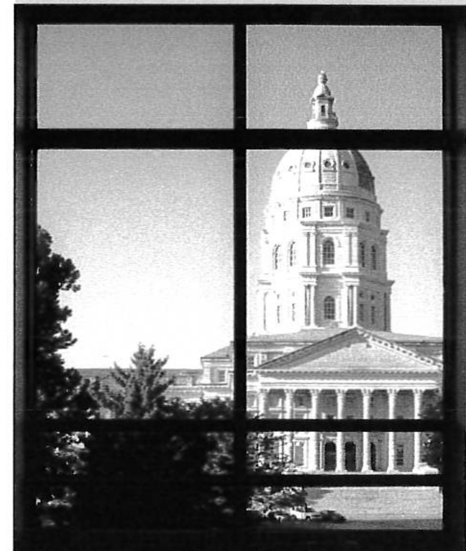
January 22, 2003
A Rural Health Agenda for Kansas

January 29, 2003
Medicaid Spending: Developing a Long-term Strategy

February 19, 2003
To be announced

February 26, 2003
To be announced

All events will be held at the Kansas Health Institute.



Healthier Kansans through informed decisions

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K A N S A S

RODERICK L. BREMBY, SECRETARY

DEPARTMENT OF HEALTH AND ENVIRONMENT

KATHLEEN SEBELIUS, GOVERNOR

Testimony Presented to the
Health and Human Services Committee
February 5, 2003

Information for Health Policy Decision-Making

by Lou Saadi, Ph.D.
Director
Office of Health Care Information
Center for Health and Environmental Statistics, KDHE

Mr. Chairman, members of the committee, I appreciate the opportunity to speak to you today about Kansas' capacity to provide information for informed health policy decision-making.

This discussion is extremely timely given the fact that we are facing *again* double digit increases in our health care costs, shrinking budgets to pay for our public health insurance programs and increased expectations by all of us about our health insurance coverage and what it should pay for.

If I may impose on you something you may have heard from the past: *"Major questions relating to health care reform, actual incidence of disease and chronic conditions, access to health care, utilization of health care facilities, cost of health care and cost containment have been difficult for policy makers and program managers to address because: 1) health data in Kansas are scattered throughout state government, universities and private associations 2) resources are limited for automation and 3) there is fear of the outcome of public knowledge of medical costs and activities. Kansas needs to establish a centralized health database that can be utilized by provider and consumer groups, state and local government and the public. Establishment and location of this database within KDHE will assure its accessibility to policy makers, program managers and the public and will establish a centralized repository to provide data and information necessary for assessing the state's health needs and developing health policy."*

CENTER FOR HEALTH AND ENVIRONMENTAL STATISTICS
CURTIS STATE OFFICE BUILDING, 1000 SW JACKSON ST., STE. 110, TOPEKA, KS 66612-2221
Voice 785-296-1415 Fax 785-296-8869 http://www.kdhe.state.ks.us

Attachment 3
HHS 2-5-03

This was a request made by Dr. Lorne Phillips of KDHE back in 1993 when he requested that the legislature authorize the development of a comprehensive health information database for Kansas. At that time, we as a society were wrestling with health care reform issues. Fortunately, need was realized and Kansas joined 37 other states as it authorized collection of health care data.

I would like to bring you up to date with the health information infrastructure that has been developed over the last 9 years and what KANSAS information is available to you as you decide how to address key health issues of the day.

When the Secretary of KDHE was charged with developing the health care database in 1993, the Center for Health and Environmental Statistics (CHES), Office of Health Care Information (OHCI) was tasked to perform the work necessary to develop the database. Under the various authorities and responsibilities assigned to CHES/OHCI, data are acquired from existing data sources and from new collection activities to attempt to fulfill the needs for program managers, health care providers, researchers and the public. The program is funded partially by State General fund but it does have authority to market and retain fees for services for data products. Throughout all health information activities conducted through CHES/OHCI, basic system activities include:

✓ data acquisition from existing data sources
✓ standardization of data
✓ analysis of data
✓ producing customized datasets for customers in a variety of formats
✓ publication and dissemination of health statistics
✓ assuring the confidentiality of health information

Key initiatives that have improved Kansas' health information include:

Kansas Health Care Data Governing Board

Established in 1993, the Health Care Data Governing Board serves as an advisory function to the Secretary of Health and Environment as it develops the health care database for Kansas. Comprised of several data owners and providers, the Governing Board has a number of ongoing initiatives, within a limited budget, to address the health data needs of program managers, researchers, health care providers and the public. Accomplishments include:

☞ Centralizing and standardizing data from 8 credentialing boards and 45 health professions.
☞ Assisting the bioterrorism program in collecting data for rapid notification of providers in the event of a catastrophic event.

- ☞ Acquiring the hospital discharge data for public health evaluation of the major causes of morbidity among Kansans.
- ☞ Coordinating trauma registry database development
- ☞ Recommending standards for collection
- ☞ Establishing the core rules and regulations for health data acquisition, protection and dissemination.
- ☞ Creating a forum to discuss health information policies
- ☞ Publishing data through a variety of reports, statistical summaries and the Internet (over 106,000 website hits in 2002)

Kansas Health Insurance Information System (KHIIS)

A database created for the Kansas Insurance Department, KHIIS has acquired over 75 million claims records from the largest insurance carriers in Kansas to be used to evaluate health insurance mandates and other health insurance issues posed by the legislature. The latest policy analysis issue contributed to the passage of mental health parity provisions for Kansas. In addition, pharmaceutical costs have been analyzed for Kansas and identified trends that model the nation in increasing cost and utilization.

KHIIS is an extremely powerful database in that it contains costs of health service utilization. Although it is not population-based, the data represents private sector funding of health services in Kansas. In addition, the data standards and required layouts for KHIIS establish a basic set of information for evaluating health insurance and health service utilization in Kansas.

Workers Compensation Medical Fee Schedule Data Support

The workers compensation program, like an insurance company, is required to pay for injuries and illnesses that occur in the workplace. Traditionally, Workers Compensation has not had sufficient information to set rates for its providers. Since the KHIIS program was in place, the CHES partnered with the Workers Compensation Division to collect data for their medical fee schedule.

- ☞ Modeled after the KHIIS data collection process to acquire claims-level data from the top 25 companies with the largest volume of Workers Compensation business in Kansas.
- ☞ Data will be used for developing the payments associated with the medical fee schedule to bring equity in the provider payment structure.

Vital Statistics Data Analysis

Vital event certificates provide a wealth of information about the circumstances surrounding the birth, death, marriages, divorces, and abortions experienced by Kansas citizens. These data are used continually throughout the state and nation and form the basis of a majority of local, state and national statistical health monitoring. In Kansas, data are acquired, cleansed and compiled in to information that is disseminated to our customers through the Internet (over 72,000 website hits in 2002), published reports and other media. Key accomplishments using vital statistics data include:

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- Development of an Internet query system that allows program managers, researchers, health care providers and the public to acquire the vital statistics data they need.
- Partnership with SRS to link birth data with the Medicaid program data to derive demographic and other medical risk factor data about the Medicaid population.
- Partnership with SRS to use death records to terminate payments to health care providers filing for reimbursement by the Medicaid program for those claims filed after the date of death of the participant
- Providing data to the Social Security Administration to terminate or begin benefits

Improved Public Health Surveillance Systems:

KDHE has improved several surveillance systems to monitor the health of Kansans. These include:

- NEDSS which integrates several aspects of public health reports
- KIPHS, the Kansas Integrated Public Health System which provides facility management functions as well as improved reporting of health service encounters and
- HAWK, the online disease incidence reporting system.

I believe Kansas has made tremendous progress in the last 9 years, within its limited resources, to strategically address the health information needs of the State. However, there are issues that still need to be addressed. Fortunately, we are in a better position today to respond to the questions you may have about Kansas' health care delivery system than we were in the past. We encourage you to bring forward questions and issues to the Health Care Data Governing Board for discussion.

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Kansas Health Institute

Don Wilson
Kansas Hospital Association

Technical Task Force

Consumer Representative
Vacant

Data Consumer Task Force

January 30, 2003

3-5

Kansas Health Insurance Information System (KHIIS)

The KHIIS database consists of the 20 largest health insurance carriers providing private health insurance coverage for Kansans. This data is collected in three files that can be combined together for purposes of analysis.

Membership:
The membership file contains information pertaining to persons covered by health care insurance and the types and costs of the coverage provided. Personal information includes date of birth, sex, and whether insured as primary policyholder or as a spouse or dependent. The insurance policy information includes the type of insurance, dates insurance was in effect, monthly premium, deductible, copay, coinsurance, and whether coverage includes dental or pharmaceutical services. There are also member and patient identification fields that make it possible to match this information with claims data.

Patient Claim Record #1 (Summary):
This claims file contains summary information for each paid claim. Each claim record is accumulated from all the individual items submitted under a single claim. Claim information includes the claim number, dates service started and ended, codes to identify diagnosis and procedures, whether a hospital, professional or drug claim, and discharge status for hospital inpatient claims. Each record also includes the date the claim was paid and the submitted, allowed, and paid amounts. The county and zip code where the patient resides is included as well as other patient data that allows records to be matched to the member and detail files.

Patient Claim Record #2 (Detail):
This claims file contains detail information on each item submitted on a claim. Besides the identifying fields that are used to match records with member and summary data, this file contains health care provider, procedure and cost data. The cost data includes submitted, allowed, and paid amounts for each line item, deductibles, coinsurance, whether this was a capitated claim, and date claim was paid. Provider information includes whether the provider was an institution or professional, the provider number, specialty, location, and place of service. Procedure information includes date of service, diagnoses, and procedure codes. This detail information is accumulated for each claim to create the summary claims file.

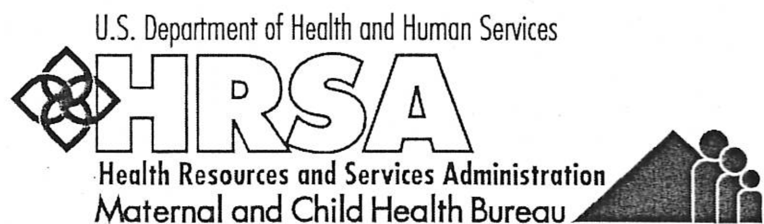
The data is used to obtain information about what the effects of various types of mandated coverage might be and to follow health care cost trends.

Table 1. Characteristics of Medicaid vs Non-Medicaid Births
Kansas, 1999 Medicaid Flagged File

Characteristics	Number of Kansas Births	Percent of Kansas Births	Number of Medicaid Births	Percent of Medicaid Births	Number of Non-Medicaid Births	Percent of Non-Medicaid Births
Total	38,748	100.0	14,118	100.0	24,630	100.0
Plurality:						
Single births	37,605	97.1	13,722	97.2	23,883	97.0
Plural births	1,143	2.9	396	2.8	747	3.0
N.S.	-	n.a.	-	n.a.	-	n.a.
Birthweight:						
Less than 1,500 grams	514	1.3	320	2.3	194	0.8
1,500-2,499 grams	2,248	5.8	1,079	7.6	1,169	4.7
2,500 grams or more	35,980	92.9	12,718	90.1	23,262	94.5
N.S.	6	n.a.	1	n.a.	5	n.a.
Period of gestation:						
Less than 32 weeks	548	1.4	333	2.4	215	0.9
32-36 weeks	2,743	7.1	1,150	8.2	1,593	6.5
37-41 weeks	34,676	89.7	12,282	87.2	22,394	91.1
42 weeks or more	702	1.8	318	2.2	384	1.5
N.S.	79	n.a.	35	n.a.	44	n.a.
Trimester prenatal care began:						
No prenatal care	274	0.7	170	1.2	104	0.4
First trimester	33,058	85.8	10,463	74.7	22,595	92.1
Second trimester	4,366	11.3	2,781	19.9	1,585	6.5
Third trimester	830	2.2	582	4.2	248	1.0
N.S.	220	n.a.	122	n.a.	98	n.a.
Adequacy of prenatal care:						
Inadequate	3,546	9.2	2,391	17.2	1,155	4.7
Intermediate	4,042	10.5	1,650	11.8	2,392	9.8
Adequate	21,104	55.0	6,492	46.5	14,612	59.8
Adequate Plus	9,695	25.3	3,422	24.5	6,273	25.7
N.S.	361	n.a.	163	n.a.	198	n.a.
Weight gain during pregnancy:						
Less than 15 pounds	2,884	7.7	1,325	9.8	1,559	6.4
15-27 pounds	10,792	28.6	3,855	28.3	6,937	28.8
28-33 pounds	7,517	19.9	2,462	18.1	5,055	21.0
34 pounds or more	16,515	43.8	5,963	43.8	10,552	43.8
N.S.	1,040	n.a.	513	n.a.	527	n.a.
Race/Hispanic origin of mother:						
White	34,483	89.2	11,653	82.7	22,830	92.9
Black	2,841	7.3	1,966	14.0	875	3.6
Other race	1,337	3.5	472	3.3	865	3.5
Race N.S.	87	n.a.	27	n.a.	60	n.a.
Hispanic origin*	4,204	11.5	2,490	18.2	1,714	7.6
Ethnic origin N.S.	2,336	n.a.	405	n.a.	1,931	n.a.
Age of mother:						
10-14 years	50	0.1	46	0.3	4	0.0
15-17 years	1,492	3.9	1,155	8.2	337	1.4
18-19 years	3,414	8.8	2,582	18.3	832	3.4
20-24 years	10,534	27.2	5,718	40.5	4,816	19.5
25-29 years	11,002	28.4	2,785	19.7	8,217	33.4
30-34 years	7,909	20.4	1,221	8.7	6,688	27.1
35 or more years	4,344	11.2	610	4.3	3,734	15.2
N.S.	3	n.a.	1	n.a.	2	n.a.

Users Guide for the Kansas Information for Communities Interactive Data Query System

Supported by a grant from



Kansas Department of Health and Environment
Roderick L. Bremby, Secretary

Center for Health and Environmental Statistics
Lorne A. Phillips, PhD, Director and State Registrar

3-8

Purpose of the Guide

This document is intended to give individuals who are acquainted with the Internet and accessing web pages some familiarity with the Kansas Information for Communities (KIC) system. In order to save space in this User's Guide, graphics represent only a part of what will be visible in an HTML browser window. This guide is supported in part by project U93 MC00139-03 as a Special Project of Regional and National Significance (SPRANS), Title V (as amended), Social Security Act, administered by the Maternal and Child Health Bureau, Health Resources and Services Administration, United States Department of Health and Human Services.

Resources Needed

To use the KIC system you need an Internet-enabled computer. Even one connected via telephone line is acceptable as KIC is designed to return queries quickly. Actual response times may vary depending on network traffic and other factors, but will generally be 10 seconds or less. KIC works with Internet Explorer and Netscape.

Once online, type in: http://kic.kdhe.state.ks.us./kic/. Users should see the screen in figure 1. Links to the KIC datasets are in the left column. Births and deaths are the first data posted. Links will be in blue-colored text, and may not be underlined. Users may need to use their browser's back button to return to a prevous page. Click on Notes and Limitations for definitions and on how KIC frequencies and rates are prepared.

Birth Data

The birth KIC includes 17 birth outcomes (Table 1). Selecting "Births, 1990-1999" displays figure 2 (top of HTML page shown). Scroll to the bottom of the page to click on links for a table menu or a map menu.

Birth Outcomes	
All Births	Single Births
Intermediate Prenatal Care	Adequate Prenatal Care
Adequate Plus Prenatal Care	No Prenatal Care
Care Began First Trimester	Mother's Weight Gain < 15 lbs
Mother's Weight Gain Normal	Mother's Weight Gain > 44 lbs
Cesarean Section	Vaginal Birth after Cesarean
Spacing < 18 Months	Premature

Table 1

Kansas Department of Health and Environment
Center for Health and Environmental Statistics

Kansas Information for Communities

KIC Databases

Births 1990-1999

Deaths 1990-1998

Pregnancies 1990-1997

The Kansas Information for Communites (KIC) system gives data users the chance to prepare their own queries for vital event and other health care data. The queries designed into this system will answer many health data requests. As KIC is implemented, more data will be added to the list. KIC programs will allow you to generate your own table for specific characteristics, year of occurrence, age, rate, sex, and county.

Core programming for the Kansas Information for Communities (KIC) was developed by the Missouri Department of Health and adopted by the State of Kansas. The graphics were developed using gd by Thomas Bouell and the database by using GNU database GDBM. This program cannot be copied in any form without the written permission of the Missouri Department of Health.

Click here to see the the notes and limitations on the KIC inquiries.
Click here to send comments to the KIC coordinator.

Return to CHES Home Page
Return to Health Care Data Governing Board Home Page
Return to KDHE Home Page

Figure 1

KIC *Kansas Information for Communities*

Birth Statistics

The following area will allow you to generate tables or maps for birth conditions, categorized by Year, Age Group, Sex, Race, and County.

The KIC system will hide small numbers from you in order to protect identities. If your query is too specific, then the table values will be filled in with # signs to let you know that confidentiality rules have been invoked. If this happens, simply make your query more general.

Birth Statistics are compiled from birth certificates which are filed by state law with the Center for Health and Environmental Statistics at the Kansas Department of Health and Environment. The Birth Certificate system has been in place in Kansas continuously since 1911, although changes in data items and definitions have taken place over the years.

Kansas cooperates with other states in the exchange of birth records. Therefore, data concerning births to Kansas residents include virtually all Kansas resident births regardless of where the birth took place. Click here for residency definitions.

Figure 2

This system allows you to generate a Kansas map for specific birth outcomes, categorized by Year, Age of Mother, Marital Status, and County.

Age of Mother: All

Marital Status: All

Race of Mother: All

Which year or years would you like to include in your query?
☐ 1990 ☐ 1991 ☐ 1992 ☐ 1993 ☐ 1994 ☐ 1995 ☐ 1996 ☐ 1997 ☐ 1998 ☑ 1999

Which birth outcome do you want to display on the map?
All Births
4 or More Prior Births
Single Births
Inadequate Prenatal Care
Intermediate Prenatal Care
Adequate Prenatal Care
Adequate Plus Prenatal Care

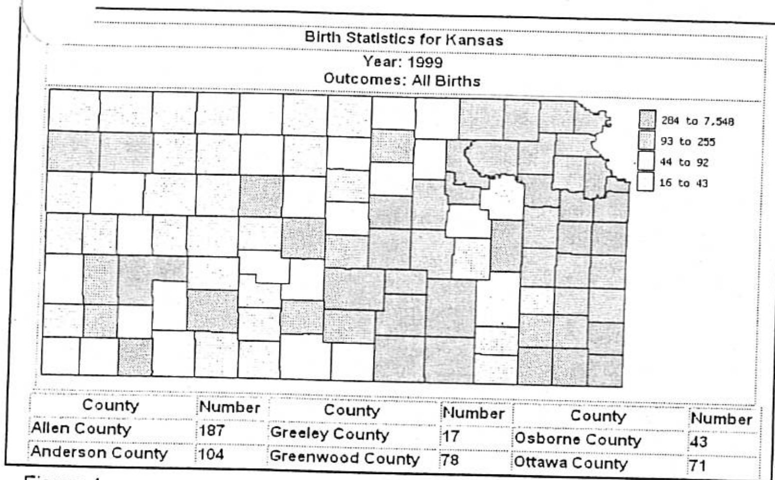
Would you like the data displayed by:
◉ Quartiles (four divisions) ○ Quintiles (five divisions)

Submit Query

Figure 3

Selecting "Map" and scrolling down slightly displays figure 3 with the selection criteria and birth outcomes available. The births map defaults to selecting all age-groups, all marital status, all races, 1999 data year, and total births. Users can define a narrower selection criteria by using the menu boxes for age-groups, marital status or race. Additional years can be added by selecting the boxes adjacent to the desired year.

Users may select either quartiles or quintiles to display the results in four or five equal groupings. Click on "Submit Query" to run the query. Results are displayed in a color map with a table of frequency data below it (Figure 4). Header and footer information and confidentiality details are unique to each map created. KIC displays counties in colors that will print to unique shades of gray on a laser printer. The HTML page can be saved as a file and opened



County	Number	County	Number	County	Number
Allen County	187	Greeley County	17	Osborne County	43
Anderson County	104	Greenwood County	78	Ottawa County	71

Figure 4

in some word processing programs.

Birth Statistics for the State of Kansas		
Kansas : All Births		
	Year	
	1999	1999
Age Group	Number	Number
10 to 14	50	50
15 to 17	1,492	1,492
18 to 19	3,414	3,414
20 to 24	10,534	10,534
25 to 29	11,002	11,002
30 to 34	7,909	7,909
35 plus	4,344	4,344
All Ages	38,748	38,748
Download		

Figure 5

Birth table queries involve the same selection criteria as map queries. Results display in a two-way table (Figure 5). Table queries enable the user to select from a menu box a group of counties that will be analyzed (Figure 6). While results are different in birth and death table, queries are formed in the same manner. The death statistics section will focus on creating table queries.

Which year(s) would you like to include in your query?
☐ 1990 ☐ 1991 ☐ 1992 ☐ 1993 ☐ 1994 ☐ 1995 ☐ 1996 ☐ 1997 ☐ 1998 ☑ 1999

Now, select the county or counties that you wish to include in the search. To select multiple counties, pick the first county with your mouse, then hold the control key down and pick the additional counties.

State of Kansas
Allen County
Anderson County
Atchison County
Barber County

You can limit your search by the outcome of the birth. Select which outcome you wish to view from the following list.

All Births
4 or More Prior Births
Single Births
Inadequate Prenatal Care
Intermediate Prenatal Care

Finally, you can pick how you want to view the data:
◉ Frequencies only
○ Frequencies and Percents By Column
○ Frequencies and Percents By Row

Submit Query

Figure 6

Death Data

KIC Death data is available for the years 1990 to 1998. Users can access the death statistics page from the KIC home page (Figure 1) by clicking on "Deaths, 1990-1998" in the left column. The death statistics page gives general information about the data available and at the bottom offers selections for a map query or a table query.

Total for all causes
Tuberculosis
Septicemis
Syphilis
Cancer
Diabetes
Heart Disease
Hypertension
Stroke
Arteriosclerosis

Figure 8

Selecting a table query brings the user to figure 7. Aggregate cause of death data is available by sex, race, age-group, county, year (Figure 7). Separate boxes further down enable users to select the specific cause of death (Figure 8) and county or group of counties (Figure 9) to include in the analysis. Only a single cause of death can be selected.

State of Kansas
Allen County
Anderson County
Atchison County
Barber County

Figure 9

Even though KIC returns a two-way data table for death queries, the user can create additional dimensions through the use of the selection criteria (race, sex, and age-group). Separate analyses can be performed to create the additional dimensions. For example, a user can create a table query of Cancer deaths for several counties by age-group. By modifying the selection criteria for the individual sexes, a three-way table (albeit in two reports) can be created (Figure 10).

Death Statistics -Table

This system allows you to generate a table for specific causes of death, categorized by Year, Age Group, Sex, Race, and County. You may specify the row and column variables and you may then specify the specific outcome variables to which the row and column variables will apply.

First, you need to pick which variables you want in your table. Pick the column and row variable. If you select "Counties" as a row variable, individual counties must be selected in order to view those totals.

Rows:
◉ Year
○ Race
○ Sex
○ Age Group
○ Counties

Columns:
○ Year
○ Race
○ Sex
◉ Age Group

Now, you can restrict your search by limiting certain variables, if you wish. Pick which variables you wish to limit by selecting the criteria. Note that if you picked one of these variables above as a row or column, then selecting it here will do nothing.

Race: All
Sex: Both Sexes
Age: All

Figure 7

K[illegible]ers the user the opportunity to "drill down" into the ca[illegible] of death categories. Two additional levels of detail can be accessed by clicking on the cause of death when it's in blue colored text. Continuing with Cancer example, figure 11 appears when the user clicks on the word "Cancer" in figure 10. Selecting a cause from this list redefines the query, drilling down to the next level (figure 12). If another level of

Select
14. Malignant neoplasms of lip - oral cavity and pharynx
15. Malignant neoplasms of digestive organs and peritoneum
16. Malignant neoplasms of respiratory and intrathoracic organs
17. Malignant neoplasm of breast
18. Malignant neoplasms of genital organs
19. Malignant neoplasms of urinary organs
20. Malignant neoplasms of other and unspecified sites
21. Leukemia
22. Other malignant neoplasms of lymphatic and hematopoetic tissues

Figure 11

detail exists, clicking on the cause of death text will identify that list enabling another query.

Death Statistics for the State of Kansas Sex: Female Cancer Year: 1998						
	Age					
	Under 15	15 to 24	25 to 44	45 to 64	65 and Over	All
County	Number	Number	Number	Number	Number	Number
Anderson County	0	0	1	1	12	14
Atchison County	0	0	2	1	21	24
Barber County	0	0	0	0	6	6
Total fcr Selection	0	0	3	2	39	44
Download						

Figure 10

Death Statistics for the State of Kansas Sex: Female 17. Malignant neoplasm of breast Year: 1998						
	Age					
	Under 15	15 to 24	25 to 44	45 to 64	65 and Over	All
County	Number	Number	Number	Number	Number	Number
Anderson County	0	0	0	0	1	1
Atchison County	0	0	1	0	3	4
Barber County	0	0	0	0	0	0
Total for Selection	0	0	1	0	4	5
Download						

Figure 12

By selecting "Frequencies and Rates" from the death statistics page (Figure 7) KIC will generate population-based mortality rates. Rates are age-adjusted to the 2000 standard population (Figure 13) . Queries using age groups produce mortality rates which are age-group specific, not age-adjusted. The KIC Notes and Limitations pages goes into greater detail on the differences between age-adjusted and crude mortality rates.

Death Statistics for the State of Kansas Heart Disease Year: 1997 - 1998						
	Sex					
	Male		Female		Both Sexes	
Race	Number	Rate	Number	Rate	Number	Rate
White	6,614	317.6	7,072	195.7	13,686	248.1
Black	297	368.9	303	267.2	600	312.3
Other	55	234.0	46	144.0	101	177.4
All Races	6,968	319.3	7,421	198.1	14,389	250.1
Rotate			Download			
footnote	Rates Per 100,000 Age Adjustment uses 2000 standard population					

Figure 13

Dealing with Output

KIC queries are returned as HTML pages which can be printed to any printer. A color printer will enable the user to retain the map details. Users may also change the layout of some tables by selecting "Rotate" when included in the output. This reverses the rows and columns for an output which is more user-friendly. Users may also download the table data in a comma-separated format, which can be opened in most spreadsheet programs. Detailed instructions on how to download are contained in Notes and Limitations.

Problems?

In addition to the usual Internet network and server problems, something may occasionally go awry. If KIC does not appear to be working properly, users should notify: Kansas.Health.Statistics@kdhe.state.ks.us and provide as much information as possible about the problem.

Future KIC Datasets

KIC is an evolving system. The Missouri Department of Health developed MICA (Missouri Information for Community Assessment) on which KIC is based. As new software are implemented, changes will be made to KIC.

Additional years of data will be added to births and deaths when available. Other datasets for pregnancy outcomes, population, and hospital discharge data are also contemplated.

If KIC does not create the health data results you are looking for, please contact the Office of Health Care Information at the e-mail address given above or by calling 785-296-8627. The office performs ad hoc data analyses. There may be a fee associated with those requests.

Data Security

There are no names in KIC datasets. In addition, three confidentiality rules are built into the software. KIC invokes the rules when the demographic details raise the possibility someone could be identified on those details alone or with the assistance of other information. When KIC invokes the rules, an asterisk or other marker is used to signify the absence of a value. The system blanks population-based rates when the number of events is less than 20. This is occasionally the case in death data. Few birth outcome statistics are prepared as population-based rates.

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TAXATION
JT. COMMITTEE ON SRS
TRANSITION OVERSIGHT

BILL INTRODUCTIONS
HEALTH AND HUMAN SERVICES

BRIEF OVERVIEW: This bill would encourage the education and dissemination of information on emergency contraceptives.

COST TO THE STATE: There would be no additional costs to the Department of Health and Environment outside of the monies already allocated to the Department.

Rationale: Emergency contraceptives are readily available. Unfortunately few women know these devices and medications can be requested from health care providers.

Attachment 4
HHS 2-4-03

Proposed Bill No.

An ACT relating to emergency contraception; providing for education and dissemination of information relating thereto.

Be it enacted . . .

Section 1. (a) This section shall be known and may be cited as the emergency contraception education act.

(b) As used in this section:

(1) "Department" means the Kansas department of health and environment.

(2) "Emergency contraception" means a drug or device that meets both of the following criteria: (A) It is used after sexual relations; and (B) it prevents pregnancy by preventing ovulation, fertilization of an egg or implantation of an egg in a uterus.

(3) "Institution of higher education" means a degree- or certificate-granting public or private college, university or community college.

(c) The department shall develop and disseminate to the public, within the limits of appropriations and donations available therefor, information on emergency contraception. The department may disseminate such information directly or through arrangements with nonprofit organizations; consumer groups; institutions of higher education; federal, state or local agencies; clinics; and the media. Such information shall include, at a minimum, a description of emergency contraception and an explanation of the use, safety, efficacy and availability of such contraception.

Sec. 2. . . . statute book