



Evaluation

Evaluation of the Kansas Health Improvement Plan will be undertaken to measure its effectiveness, demonstrate accountability to stakeholders, share lessons learned among partners and, ultimately, ensure sustainability of efforts beyond the lifespan of the plan. This section provides an overview of the approach to evaluating the Health Improvement Plan; specific evaluation activities, data sources and timelines are detailed separately.

Selected long-term and intermediate outcome indicators will be monitored to demonstrate effectiveness of Health Improvement Plan implementation with regard to impacting health outcomes. Long-term indicators align with Health Improvement Plan Priority Areas and are adapted from Healthy People 2020 Leading Health Indicators. Healthy People 2020 provide a comprehensive set of more than 1,200 national goals and objectives from 42 topic areas for improving the health of all Americans. A smaller set of Healthy People 2020 objectives, called Leading Health Indicators, highlight high-priority health issues and actions that can be taken to address them. Examples of Leading Health Indicators that align with Healthy Kansans 2020 priority areas are outlined in Table 1.

It is important to note that Leading Health Indicators reflect national goals and objectives and, consequently, their data sources rely on national surveillance systems. Modifications to long-term indicators in the current Plan will be made to leverage existing state-level data surveillance systems, such as the Kansas Behavioral Risk Factor Surveillance System (BRFSS) and the Kansas Youth Risk Behavior Survey (YRBS). In addition to monitoring long-term outcome indicators related to Plan priority areas, intermediate performance indicators that reflect progress toward meeting specific Plan objectives will also be tracked using existing state-level surveillance systems, including BRFSS and YRBS. When available, operationalized, Kansas-specific performance indicators were integrated into the Health Improvement Plan along with baselines and data sources.

The implementation of Kansas Health Improvement Plan activities relies on the contributions of numerous states, regional and local partners. Although effectiveness of Plan implementation will primarily be demonstrated through progress toward meeting long-term and intermediate objectives, contributing partners will demonstrate accountability by periodically

reporting on the status of activity outputs. Suggested activities for implementation are included throughout the Plan, along with proposed outputs to assist state, regional and local partners with setting evaluation benchmarks for their work. Collectively, measuring and reporting activity outputs will provide quantitative examples of what partners are actually doing to implement the State Health Improvement Plan. Additionally, qualitative process measures collected from key informant interviews will provide important context for activity implementation. Success stories and lessons learned from the field will further highlight

the accomplishments and challenges of State Health Improvement Plan implementation.

Periodically, evaluation findings will be shared with decision makers and contributing partners to aid quality improvement, leverage existing resources and generate support for new resources for activity implementation as well as celebrate successes along the way. This multifaceted approach to evaluating the implementation and effectiveness of the Kansas State Health Improvement Plan ensures sustainability of proposed activities for years to come.

Table 1. Healthy People 2020 Leading Health Indicators in Alignment with Healthy Kansans 2020 Priority Areas

Priority Areas	Leading Health Indicators
1. Improve access to services that address the root causes of poor health	AH-5.1: Increase the proportion of students who graduate with a regular diploma 4 years after starting 9th grade
2. Promote environments and community design that impact health and support healthy behaviors	EH-1: Reduce the number of days the Air Quality Index (AQI) exceeds 100, weight by population and AQI
	PA-2.4: Increase the proportion of adults who meet the objectives for aerobic physical activity and for muscle-strengthening activity
3. Promote integrated health care delivery, including integrated behavioral health, social service and medical care	AHS-1.1: Increase the proportion of persons with medical insurance.
	AHS-3: Increase the proportion of persons with a usual primary care provider
	OH-7: Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year
4. Promote tobacco use prevention and control	TU-1.1: Reduce cigarette smoking by adults
	TU-2.2: Reduce use of cigarettes by adolescents (past month)
5. Promote healthy eating and physical activity	NWS-15.1: Increase the contribution of total vegetables to the diets of the population aged 2 years and older.
	PA-2.4: Increase the proportion of adults who meet the objectives for aerobic physical activity and for muscle-strengthening activity
	NWS-9: Reduce the proportion of adults who are obese
	NWS-10.4: Reduce the proportion of children and adolescents aged 2 to 19 years who are considered obese