n 2000, Rosa Molina, director of the Medical Service Bureau, was helping minority Kansans access health services. At the same time, Kim Kimminau and the Kansas Turning Point partnership were collecting racial and ethnic minority data health statistics to identify the depth and seriousness of health disparities. It wasn't inevitable that Kim and Rosa would find each other; it was by design. Kim and her team knew that data improvement begins at the community level, with people rather than with numbers.

Kansas Turning Point A Little Training Goes a Long Way

Early on, Turning Point approached several leaders of organizations providing health services to minority populations to join their partnership. By simply asking around, they learned of more individuals running innovative organizations to improve the health status of to Rosa's organization. Rosa was providing services, but the data she was collecting along the way was inadequate to help her support the need for her organization's existence.

Meeting with other directors and community, social, and public health workers, Turning



minorities in Kansas. Kim and her partners met with key people running these health access and health improvement programs. Kim wanted to learn firsthand from their perspectives on the nature and severity of the disparities their

Diverse groups came together, trained intensely for two days, and left with skills and an enormous sense of support....

organizations confront daily. At her first meeting with Rosa, Kim learned about the Medical Service Bureau's success in providing reduced cost access to

health services for low-income, minority Kansans. While sharing perspectives on health disparities and discussing the workings of both of their organizations, they found a very concrete way Turning Point could be of assistance Point partners heard the same need over and over. Data seemed distant and unapproachable for many experienced public health workers; they could not find the time and didn't have the skills to understand health statistics. Organizations served the community but didn't have the data to support their work. These frontline workers were frustrated that their successes and challenges were less convincing than they could have been with the "right" numbers.

In response, Kim and her team developed a comprehensive, two-day

course to bring participants together to address the fear of data. Rosa and others at the training learned about data sources and accessing Internet-based information relevant to their clients, to their issues, and to their community. The results were staggering. Diverse groups came together, trained intensely, and left with skills and an enormous sense of support from Turning Point and their fellow public health workers. Rosa and her classmates have since shared how the training has changed their work. They are crafting better forms, surveys and patient-based data systems. Not only have they been using the information they learned, they have become agents of change. They have found the confidence to advocate for improved data collection of race, ethnicity, and primary language for their own programs and for the state.

At a Glance: Kansas



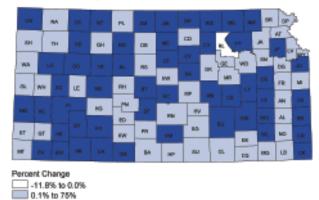
Aim of Kansas Turning Point

Kansas Turning Point aims to transform public health through partnerships, training, and informatics that focus on the delivery of essential services, with awareness of the growing diversity of Kansans. Their vision is public health system improvement leading to population health improvement in Kansas.

Kansas's Public Health Challenges

The leading causes of death disproportionately affect racial and ethnic minorities in Kansas. Understanding the effect of economics, access to health services. and geography, and having good data are key factors in improving Kansas citizens' health. Local public health departments provide important services and protections in the public's interest. In 105 counties, 99 local health departments serve the public, but the public health workforce is strained. In a rural state such as Kansas, ensuring that every available partner is engaged in the system is critical. Using data to make informed decisions in times of limited resources has never been more important.

Percent Change in Minority Population (1990-2000)



Source: 1990 and 2000 U.S. Census

Kansas Turning Point's Contribution to Improving Public Health

Following a highly inclusive public health improvement planning process, the Turning Point Partnership has:

- Synthesized health and health-related information on racial and ethnic minorities
- Convened a statewide conference to focus attention on the issue of health disparities

75.1% to 295.0%

- Disseminated a software product that assists local public health departments' delivery of essential services
- Leveraged training opportunities to involve more individuals in the mission of public health
- Created a Certificate of Public Health program and a Public Health Scholars program
- Trained community leaders in public health, focusing on the use and interpretation of minority health data
- Encouraged the Health Care Data Governing Board to recommend standardization of race and ethnicity data collection
- Communicated to congressional delegates and to state legislators on the issues of public health, disparities, and workforce issues
- Developed a software model for a state data warehouse that will integrate local health department client and outcomes data

For More Information

Richard Morrissey, Director of Health Kansas Department of Health and Environment 1000 SW Jackson Suite 340, Topeka, KS 66612 tel: (785) 296-1200 e-mail: rmorriss@kdhe.state.ks.us