



## **INSURING A HEALTHY KANSAS**

**ADVOCATING AND PROVIDING HEALTH CARE FOR  
CHANGING AND NON-TRADITIONAL POPULATIONS**

## **CHANGING AND NON-TRADITIONAL?**

- UNDOCUMENT RESIDENTS
- RURAL ELDERLY WITHOUT TRANSPORTATION
- NO JOB, NO INSURANCE, CAN'T AFFORD COBRA
- CATASTROPHIC COVERAGE ONLY

## **CITIZENSHIP ISSUES**

- MOST NON-CITIZENS ARE INELIGIBLE FOR MOST KANSAS BENEFITS
- RECEIVING CERTAIN TYPES OF BENEFITS IS A PERMANENT BAR TO CITIZENSHIP
- IT MAKES ECONOMIC SENSE TO PROVIDE ACCESS TO HEALTH CARE

## **PRENATAL CARE PREVENTS BIRTH DEFECTS**

- ANY CHILD BORN IN KANSAS IS A CITIZEN



AFFORDABLE,  
ACCESSIBLE  
PRENATAL CARE  
**MAKES A DIFFERENCE**

## **ACCESS TO CARE PROTECTS COMMUNITIES AND INDIVIDUALS**

- PREVENTIVE MEDICAL  
AND DENTAL CARE PLUS  
IMMUNIZATIONS  
BOOSTS A CHILD'S  
SCHOOL READINESS
- PREVENTIVE CARE IS AN  
INEXPENSIVE PUBLIC  
HEALTH MEASURE



## **CARE FOR ADULTS MAINTAINS A HEALTHY KANSAS WORKFORCE**

- HOSPITAL CARE IS MORE COSTLY THAN  
PREVENTIVE CARE AND MEDICATION
- PREVENTION HELPS KEEP WORKERS IN THE  
WORKFORCE UNTIL NORMAL RETIREMENT  
AGE

## CHRONIC DISEASE MANAGEMENT: KEY TO CONTROLLING COSTS

151,000 Diagnosed DIABETICS in Kansas plus  
65,000 Undiagnosed and 1,274,038 AT RISK.

----38% of diabetics are over age 65

----Diabetes contributes to heart & kidney  
disease and can cause blindness and loss of  
limbs.

----Estimated cost of diabetes/2007: \$1.5  
million

(KDHE and CDC, 2006,2007)

## RESIDENTIAL CARE IS COSTLY

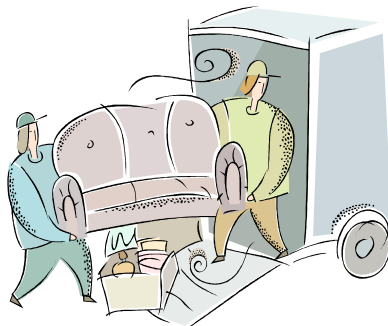
- KANSAS NURSING HOME COSTS ARE AMONG THE LOWEST NATIONALLY AT \$133 AVERAGE PER DAY
- BUT....THAT IS \$48,545 PER YEAR AND COSTS ARE RISING FASTER THAN INFLATION



## WHAT TO DO, WHAT TO DO?



## TAKE BASIC SERVICES TO THE PEOPLE



NOT EVERYONE AGREES!

- ALREADY HAPPENING FOR HIV/AIDS PATIENTS
- FEASIBLE TO USE CHURCHES AND SENIOR CENTERS IN SMALL COMMUNITIES

## **PROMOTE SCHOOL-PRIVATE PARTNERSHIPS**

VISUAL ORAL SCREENING  
and DENTAL SUPPLIES  
for 12,186 school  
children in 13 counties  
in 2007

32% needed dental care  
vs. 51% in project's first  
year, 2000

- BENEFITS
- Fewer school days lost  
due to dental disease
- Improved health status
- Low cost

## **REDUCE BARRIERS TO CARE BY STRENGTHENING the SAFETY NET**

COMMUNITY HEALTH CENTERS INCREASE CARE  
ACCESS AND REDUCE HEALTH INEQUITIES BY:

1. FEE SCHEDULE BASED ON HOUSEHOLD  
INCOME
2. TAKING CLIENTS REGARDLESS OF INCOME,  
INSURANCE STATUS, OR CITIZENSHIP STATUS
3. REDUCING CULTURAL/LANGUAGE BARRIERS

## **PROMOTE MEDICAL HOMES FOR PRIMARY CARE SERVICES**

- MORE CARE DOES NOT EQUAL BETTER CARE
- MEDICAL HOMES PROVIDE
  - IMPROVED HEALTH
  - HEALTH CARE DOLLARS SAVED

## **KANSAS HAS CHANGED....HEALTH CARE MUST CHANGE TOO!**

- 67% of Seward County Children Under Age 18 are Hispanic
- 13% of KANSAS Children Under Age 18 are Hispanic



**APPROPRIATE CARE FOR CHANGING  
and NON-TRADITIONAL POPULATIONS**

- SAVES LIVES
- PRESERVES HEALTH FOR INDIVIDUALS AND COMMUNITIES
- **MAKES ECONOMIC SENSE FOR KANSAS**