

AHRQ Infrastructure for Maintaining Primary Care Transformation (IMPACT) Success Stories

New Mexico IMPACT: Catalyzing Community Health Transformation in Kansas

A key goal of AHRQ's IMPACT (Infrastructure for Maintaining Primary Care Transformation) grants is to learn strategies for spreading successful primary care transformation programs from State to State. Each IMPACT grantee State worked with three other States to share the models they developed and to support those States in launching improvement efforts. This story describes how New Mexico (an IMPACT model State) helped Kansas (a partner State) build and sustain momentum for community health transformation. This effort applies the cooperative extension approach, which is put together through land-grant universities and is based on practical community education.



The story at a glance:

- IMPACT funding enabled a delegation from Kansas to see New Mexico's Health Extension Rural Offices (HERO) program firsthand and to learn from the other partner States, Kentucky and Oregon.
- New Mexico's emphasis on a community-based approach to health improvement was well suited to Kansas's rural communities and informed Kansas's strategic vision about primary care and community health improvement.
- Kansas has leveraged insights from the IMPACT partnership into new cross-university collaboration and ongoing efforts to improve the health of Kansas residents through cooperative extension and health care research.

Among all the partner States involved with the IMPACT program, Kansas faces decidedly unique challenges. With 105 primarily rural counties and limited State funding available, faculty at the University of Kansas (KU) and Kansas State University are still exploring ways to fulfill their vision for a health extension program. But thanks in part to their work with New Mexico and the other IMPACT partner States, they are forming new collaborations and leveraging various research opportunities to help realize their goal.

How IMPACT helped solidify Kansas's vision for health extension and revealed a new path to collaboration:

In 2010, Joshua Freeman, MD, Professor and Chair of the KU Medical Center Department of Family Medicine, had a vision of how health extension would work in Kansas. His vision included three areas of focus:

- Helping rural primary care practices develop quality improvement skills and tools.
- Improving community health through efforts to enhance the built environment, provide information on healthy eating, develop exercise programs, and other tactics.



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- Developing the workforce pipeline by encouraging students from rural areas to pursue health-related careers—an essential step in a State that faces a severe shortage in primary care providers as physicians in rural areas retire.

New Mexico’s HERO program, which takes a community-based approach to improving health, had inspired Dr. Freeman’s vision for a healthier Kansas for some time. When New Mexico invited Kansas to be an IMPaCT partner State, the funding allowed interested faculty from both KU and Kansas State to view the HERO program in action—and to learn from New Mexico’s other partner States at IMPaCT program meetings.

“Our first exposure to the idea of health extension was the HERO program, and that was our model of

“When New Mexico got the [IMPaCT] grant and we were invited to collaborate with them, we took it as a shot in the arm to our development of health extensions in Kansas.”

—Joshua Freeman, MD,
University of Kansas

how extensions would be implemented even before the IMPaCT grant,” explains Dr. Freeman. “What we got from working with New Mexico, Oregon, and Kentucky was reinforcement of the notion that we should focus on community-based health improvement activities.”

HERO not only informed the Kansas program leaders’ continued strategic thinking on the

emphasis of their extension program, it provided a new model for collaboration. As in New Mexico, Kansas’s medical center and cooperative extension program are housed at separate universities—meaning that developing a health extension program would require new cross-university partnerships.

“We were motivated by collaborations that had happened between the University of New Mexico and New Mexico State University for HERO,” says Dr. Freeman. “Our team from the KU Medical Center began working with the cooperative extension folks at Kansas State to develop collaborations, which is not something that had happened much in the past.” At the same time, Roberta Riportella, PhD, a national expert in cooperative extension with an interest in community health, joined Kansas State University and fostered continued joint efforts.

How Kansas’s focus on community-based extension supports improved health and health care:

These new collaborations bring together the medical and cooperative extension expertise needed to improve health and health care statewide in Kansas. The extension model approach is well suited to Kansas, given the State’s 105 primarily rural counties. The extension model approach provides an umbrella for structuring diverse community activities facilitated by local extension agents, including health-related programming such as recruiting new health professionals. This augments other national efforts to promote primary care transformation working directly with practices, including efforts encouraging the adoption of patient-centered medical homes and electronic health records.

Additionally, working with IMPaCT has created a ripple effect of activities in Kansas that are having influence locally and nationally:

- Led by Daryl Buchholz, Associate Director of Extension and Applied Research at Kansas State, the work in Kansas has launched national efforts to incorporate health programming into cooperative extension efforts, such as improving chronic disease prevention and management and increasing knowledge about the Affordable Care Act. Dr. Buchholz’s interest in health extension is in part an outgrowth of his exposure to IMPaCT activities and the ideas the Kansas team heard from New Mexico and other IMPaCT States. This work has resulted in the Cooperative Extension’s National Framework for Health and Wellness.



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- At the 2012 Priester National Extension Health Conference, Dr. Freeman and other colleagues presented on their application of the extension model to community health and won the conference award for Most Innovative Program.
- Faculty at KU Medical Center and Kansas State launched a new collaboration focused on improving adolescent health through community-based activities. Kansas State's cooperative extension relationships helped the KU team set up focus groups in local high schools. The project was the first joint initiative between the two universities to leverage community partnerships.

What's next for Kansas?

Interest in a collaborative approach to health extension remains strong among the university community in Kansas, and they are exploring ways to support it financially for the long run. The Kansas Health Foundation hosted a conference in October 2014 to further discuss health extension. The extension agents have worked with Kansas State to conduct community needs assessments to support hospitals' community service efforts as part of the Affordable Care Act.

In addition, research is providing new opportunities to explore and develop a robust health extension program in Kansas, including efforts in the regional Practice-Based Research Network and through a Community and Translational Science Award, as well as a recently funded Patient-Centered Outcomes Research Institute award to evaluate different approaches for treating obesity in primary care settings.

"We're now eyeing our health extension work from a research perspective and having some success there," says Dr. Freeman. "New Mexico is still an important exemplar of how we envision health extension, and IMPaCT served as an important demonstration of the concept. But our two States are very different, and those cultural differences have to be taken into account. Health extensions as they come to fruition will be idiosyncratic from State to State."

Kansas' health extension vision:

1. Develop rural practice improvement skills and tools.
2. Build healthy communities—for example, through parks and healthy eating.
3. Boost the rural workforce pipeline.

