THE STATE OF KANSAS
PUBLIC HEALTH IMPROVEMENT PLAN
FOR PROMOTING HEALTH
IN THE 21ST CENTURY

THE GOVERNOR'S PUBLIC HEALTH IMPROVEMENT COMMISSION
FOR THE STATE OF KANSAS
IN FULFILLMENT OF THE *TURNING POINT* GRANT

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COORDINATING AGENCY:
The Kansas Department of Health and Environment

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THE GOVERNOR'S PUBLIC HEALTH IMPROVEMENT COMMISSION

Commission Members

J. Anthony Fernandez, PhD, Chairman
Dean, College of Health and Life Sciences, Fort Hays State University, Hays
A. Trent Spikes, JD, LLM, Vice-Chairman (deceased)
Attorney at Law, Spikes and Gleason, Dodge City
John Carlin, PhD
Retired business executive, Manhattan
Clara L. Gerwick, RD, LD
Chairperson, C.L. Gerwick & Associates, Overland Park
Jackie John, RN
Vice President, Great Plains Health Alliance, Inc., Phillipsburg
Maynard Oliverius, MHA
CEO, Stormont-Vail Health Care, Topeka
Deborah Powell, MD
Executive Dean, University of Kansas Medical Center, Kansas City
Judy Reno, RN, BS, CNA
Kansas State Nurses Association, Marion
R. Steve Smith, MD, FACS
Trauma surgeon, Wichita Clinic, Wichita

Staff

Edwin Fonner, Jr., DrPH, Executive Director
Deborah M. Williams, MPA, Project Coordinator

Coordinating Agency

Kansas Department of Health and Environment
Clyde D. Graeber, Secretary
Jane Mackey, MBA, Assistant Secretary
J. Michael Moser, MD, MPH, Director, Division of Health

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Message from the Chair

One hundred years ago, the railroad barons controlled the transportation industry of this country. However, these powerful men considered themselves to be in the train industry, not the transportation industry. This lack of understanding and foresight prevented them from meeting the challenges of the new century and allowed others to lead the development of our modern transportation system. Leaders contemplating or faced with change must remain focused on the broader challenges that lie ahead in order to survive.

So, too, the public health system that has served us so well over the past century faces new challenges. These challenges can only be met by working with new partners, capitalizing upon the strong foundations of the past, to create a stronger system for the future–a system, like our modern transportation system, that has many players, both public and private. The vision of the Governor's Public Health Improvement Commission is one of collaboration that crosses traditional lines and transforms public health to the benefit of all Kansans. The Kansas Public Health Improvement Plan outlines the means for attaining this vision.

The Governor's Public Health Improvement Commission recognizes that this plan is the effort of many people. We wish to acknowledge the significant contributions of the following groups and individuals. The Public Health Improvement Plan Steering Committee and the Kansas Department of Health and Environment developed the successful proposal *"Turning Point: Collaboration for a New Century in Public Health,"* without which this effort would not have been possible. The Commission thanks the Robert Wood Johnson Foundation, the W.K. Kellogg Foundation, and the Kansas Health Foundation for their generous support. The Commission recognizes the contributions of numerous public health professionals, health care providers, state employees, and others who worked on the Commission task forces or otherwise did a yeoman-like job providing input to this important work. The tireless efforts of the Commission staff, Dr. Ed Fonner, Ms. Deb Williams, and Ms. Mary Ann Cummings, are especially noteworthy and gratefully appreciated.

Finally, the Commission would like to give special recognition to the contributions of our recently deceased Vice-Chairman, Mr. A. Trent Spikes of Dodge City. His determination, intelligence, skills, and good nature significantly advanced the work of the Commission.

J. Anthony Fernandez, Chairman

EXECUTIVE SUMMARY

The Governor's Public Health Improvement Commission is the Kansas response to a call to strengthen the nation's public health system. Kansas is one of 21 states currently planning improvements to their states' public health infrastructures. The initiative underlying these efforts is called *Turning Point*. The Robert Wood Johnson Foundation and the Kansas Health Foundation have provided financial support to the Governor's Commission and its partners. Locally, the Reno County Health Partnership and the Wyandotte County Community Health Partners also received support from the W.K. Kellogg Foundation. Staff at the Kansas Department of Health and Environment coordinated statewide activities.

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A key concern voiced during the assessment phase was the loss of the population-based perspective in public health and a general lack of understanding of what public health is and does. A population-based perspective has been the hallmark of effective public health in eradicating and preventing communicable diseases earlier in the 20th Century. Over recent years, attention paid and resources directed to population-based public health and prevention have not kept pace with growing needs. The viability of the very foundation of our system of health services is fragile. This threatens the health of Kansans, present and future.

Other concerns were raised during the assessment phase. A framework for policy-making and coordination of planning for public health does not exist. The roles and responsibilities of different agencies providing public health services are poorly defined. State and local funding for public health in Kansas is below the U.S. average and is inflexible and limited in scope. Access to coordinated services, especially by the poor and minority populations, is extremely limited. A tremendous demand exists for enhanced educational opportunities for public health workers. Inadequate surveillance, a core function of public health, impedes a detailed picture of the health of Kansans.

To address these public health issues, the Commission recommends that Kansas leaders carefully consider three primary recommendations and associated goals:

> **Recommendation One**: ***Leadership and governance: Institute a statewide, continuous public health policy-setting, planning and development process.***

The Commission recommends the establishment of a state-level board for policy setting and strategic planning that will guide implementation of change processes. This board, the *Public Health Policy and Planning Forum*, will facilitate communications, cooperative planning, and coordinated program implementation of multiple organizations. It will provide vision, set policy, advise on the allocation of resources, and evaluate progress. It will look out 10 to 20 years, take a broad perspective on the determinants of the public's health, work from a technically sound basis, and serve the Governor and Legislature on policy and planning issues. It will serve as that *single voice* for public health with a constant agenda to provide strong support for disease prevention and population-based programs and services. The board would be appointed and charged by the Governor to:

Goal 1: Adopt and promote a set of principles of health and environment that creates a framework for policy, resource allocation, and coordinated implementation of health improvement initiatives.

Goal 2: Convene an ongoing process to plan and develop initiatives based on a common framework and set of objectives as outlined in *Healthy People 2000*.

Goal 3: Establish a subcommittee working toward "zero percent disparities" in the health status of minorities compared with the general population.

...the Commission recommends that Kansas leaders carefully consider three primary recommendations, each of which has subsequent goals associated with it, in order to improve the public health system.

Recommendation One Leadership and governance: Institute a statewide, continuous public health policy-setting, planning and development process.

Goal 4: Clarify roles and responsibilities in the state public health system fostering cooperative work and communications among agency Secretaries and regional and local public health and health care systems.

Goal 5: Review statutes related to public health on an on-going basis and make recommendations to the Legislature for revisions.

Goal 6: Tie the Health Care Data Governing Board and related data-based organizations to the statewide public health policy and planning process so that community health assessment standards will be set, benchmark data delivered, technical assistance provided to partnerships, technology synchronized, and information exchange promoted.

Goal 7: Track public health systems change in Kansas, evaluate progress, and report results to the Governor, the Legislature, and all Kansans.

Recommendation Two: ***Stabilize funding and enhance capacity: Improve essential public health services and population health by increasing and stabilizing financial resources and allocating state funds for local community health improvement initiatives.***

The Commission recommends use of state general funds and allocation of other funds to expand local preventive public health services so that public health expenditures in Kansas meet the U.S. per capita average of $5. Local public health revenues can be linked to those from tobacco settlement funds, Title XIX, Title XXI, and other government sources. Such action could be used to:

Goal 8: Fill existing gaps in essential public health services by creating a long-term, stable funding stream for local public health initiatives.

Goal 9: Increase public health expenditures in Kansas to approach the U.S. per capita average and address needs adequately.

Goal 10: Stimulate broad resource reallocation by linking local public health revenues to those from tobacco settlement funds, Title XIX, Title XXI, and other government sources.

Goal 11: Fund sustainable innovative pilot programs designed to improve access to preventive services and basic health care for children, elderly, and poorly served populations with built-in incentives to enhance working relationships between local public health agencies and other health care providers.

Recommendation Two Stabilize funding and enhance capacity: Improve essential public health services and population health by increasing and stabilizing financial resources and allocating state funds for local community health improvement initiatives.

Goal 12: Streamline business processes to improve local agency flexibility; target resources to priorities established by the statewide public health planning processes described above.

> **Recommendation Three**: ***Effective delivery: Develop and enhance a statewide network for delivering professional education, workforce initiatives, communications, and public health-related services.***

Recommendation Three Effective delivery: Develop and enhance a statewide network for delivering professional education, workforce initiatives, communications, and public health-related services.

The Commission recommends using established state, regional, and local agencies and staff to form a more explicitly defined public health network in Kansas. There are no shortages of facilities and providers. Instead, there is considerable overlap in the existing fragmented system and an uneven distribution of services for different groups. The Commission believes that the key is not *if* we should, but *how* we should connect all of the pieces together to meet these goals:

Goal 13: Establish workforce education programs for basic public health, continuing education, and credentialing to broadly support the entire public health workforce.

Goal 14: Develop and coordinate delivery of public health training programs across educational institutions utilizing distance learning technologies.

Goal 15: Proactively set standards and guidelines for evaluating state and local public health functions, services, and performance.

Goal 16: Design and develop a strong regional information technology infrastructure for distributing network programs and services, technical assistance, and providing multiple opportunities for accessing coordinated services, information resources, and expertise.

Goal 17: Facilitate the development of a more effective forum for communications and decision-making, and more unified delivery of health services, education, and research among state, regional, and local public health providers.

Goal 18: Enhance working relations at all levels of the system by improving public communications on health initiatives and strengthening ties with the mass media.

The benefits of pursuing the recommendations of the Commission will be great. A statewide, continuous public health policy-setting, planning and development process will foster effective dialogue that will ensure that policies and actions are directed toward building a public health system that addresses the root causes of disease and disparities in the health of

the population. Stable and enhanced funding for population-based public health services is essential for the long-term health and welfare of Kansans. Adequate public health funding provides a level of readiness to respond to emergency outbreaks of communicable diseases, threats to the environment, and other harmful occurrences. Efforts to develop and enhance a statewide network for public health services will result in a more explicitly defined public health system in Kansas that will strengthen the state and local agencies' capacity to deliver appropriate population-based and personal health services to *all* Kansans. The capacity of the state to protect and promote health and prevent illness and injury will be increased.

The Governor's Public Health Improvement Commission maintains that these coordinated actions will stimulate systems changes and foster its vision of a public health system in Kansas. The Commission hopes this work will lend momentum to improve the public health system in Kansas, to put the cutting edge in public health at the start of the 21st Century - just as it was at the beginning of the 20th Century. The time for public health system improvement truly is now, for missing this window of opportunity will mean additional years of unnecessary disability in the population, years of life expectancy lost to premature death, and lower than possible quality of life in the state.

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INTRODUCTION

Hundred Year Perspective. Kansas is at a turning point as we consider the challenges of the 21st Century. The increases in life expectancy and reductions in infant mortality that occurred during the first 50 to 75 years of the 20th Century illustrate how far we have come. However, there will be dramatic shifts in the age distribution of the U.S. population from now to well into the 21st Century. The youth of today will support a huge, medically intensive elderly population with little latitude in influencing demographic events. Consider also the projections by the U.S. Bureau of the Census that the white non-Hispanic population will no longer be in the majority by 2050. Our nation's ethnic diversity is being altered by immigration and growth occurring in the final decades of the 20th Century and into the early 21st Century.

A 50- to 100-year planning horizon is important to health decision-makers because it takes so long to influence a population's social behavior, health status, and life expectancy. Investments in public health infrastructure must be weighed now and evaluated continuously in order to effectively and efficiently manage the health of the elderly in 20 to 50 years. Ways to improve the health status of groups which lag behind the general population must be considered now and over the course of coming years if society is to pave the way for a healthy, well-educated, and productive population in 2050.

Turning Point. The Governor's Public Health Improvement Commission is the Kansas response to a call to strengthen the nation's public health system. Kansas is one of 21 states currently planning improvements to their states' public health infrastructures. The initiative underlying these efforts is called *Turning Point*. The Robert Wood Johnson Foundation and the Kansas Health Foundation have provided financial support to the Governor's Commission and its partners. Locally, the Reno County Health Partnership and the Wyandotte County Community Health Partners also received support from the W.K. Kellogg Foundation. Staff at the Kansas Department of Health and Environment coordinated statewide activities.

The objective of the *Turning Point* initiative is to create and implement a plan that ensures the state's health departments, hospitals, physicians, and other public health providers will be able to protect and effectively promote Kansans' health in the 21st Century (see **Appendix 1**). The goal is to make Kansas an attractive and healthy environment for families, workers, and businesses. A strong emphasis is placed on the importance of disease prevention and a population-based perspective for addressing the root causes of illness and disability that affect all Kansans.

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Our activities have incorporated the voices of several hundred leaders in the planning and development process. These individuals include state and local health department staff, hospital and health plan administrators, federal officials from the regional office of Health and Human Services, medical school and university staff, nurses, physicians, pharmacists, state legislators, minority groups, and many community leaders.

As a guiding principle, the Governor's Commission adopted the following mission statement from the Public Health Functions Steering Committee of the Institute of Medicine:

> *Public health prevents epidemics and the spread of disease, protects against environmental hazards, prevents injuries, promotes and encourages healthy behaviors, responds to disasters and assists communities in recovery, assures the quality and accessibility of health services.*[1]

Written Products from Planning Phase. A number of work products has been produced under the leadership of the Governor's Commission. These documents complement one another and are worth reviewing to gain a more complete picture of the efforts under way in Kansas. These products include:

- *The Kansas Letter of Intent for Turning Point:* This funding request summarizes the objectives, strategic development process, and methodology for engaging in statewide public health improvement. The original local Kansas partnerships enlisting in the program are also identified in this document, prepared in March 1997.
- *Renewing Public Health: Support for an Improvement Plan in Kansas:* Written by Dr. Susan Adamchak in October 1997, this document summarizes the work of the original Steering Committee. This study underpins current efforts by the Governor's Commission.
- *The State of Public Health in Kansas:* This comprehensive assessment of the state's public health infrastructure was published in August 1999. The Executive Summary is available on the *Turning Point* Internet web site. This document is written as a statement of the challenges facing the Kansas public health community.
- *Mobilizing Voice for Public Health Improvement in Kansas:* The names of Kansas leaders providing technical assistance and participating in task forces and work groups are contained in this document, published in November 1999. More than 200 leaders participated in the outreach and planning efforts.
- *The State of Kansas Public Health Improvement Plan:*

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Recommendations and Framework for Action: This initial list of recommendations and goals of the Governor's Commission, published in August 1999, guided the public hearing process and was the basis of discussions on the merits of solutions in this public health improvement plan.

What's Not Included in the Plan. The major omission to the statewide public health improvement plan relates to environmental public health. A task force did provide a set of recommendations to the Commission (see **Appendix 2**). However, evidence was limited so a comprehensive set of recommendations is not presented here. A local health department administrator offered the following 1997 submission by the Public Health Foundation to the Environmental Health Policy Committee Subcommittee on Health Data Needs related to the lack of evidence for environmental issues:

> *"The fragmentation of environmental health information systems has directly impacted the ability of our public health and environmental agencies to protect the communities they serve. The enormity of available data, but paucity of usable information, is a paradox that often frustrates state and local environmental health officials. The barriers to accessibility and usability of environmental health and related data restrict the abilities of local and state agencies to address emerging health problems, educate decision-makers and the public on the full impact of specific environmental hazards, and evaluate the effectiveness of interventions."*

Also, completion dates for planning activities are not included here. This will be the responsibility of the implementation team.

Expression of Gratitude. While this document was written under the direction of the Governor's Commission and reflects a consensus statement on ways to improve the future of public health in Kansas, it is also a composite of the sentiment and opinions of the Kansas stakeholders and partners participating in the two-year process. This is truly a *Kansas* document.

The members of the Governor's Public Health Improvement Commission and staff wish to express their gratitude to those involved in funding and providing information and advice to this effort. It is our sincere hope that this planning process will proceed forward so that leaders will have an opportunity to implement meaningful changes for the health of Kansans.

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Chapter One
Why Public Health is Important to Kansans

Public health is concerned with protecting and promoting our most important assets in Kansas – our residents, their livelihoods, and a clean, productive environment. Public health is how we care for all Kansans, including the most vulnerable members of our communities. It is a shared responsibility. It is how we collectively care for people living in cities, the state's frontier areas, and rural communities.

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A Shared Responsibility. The public health system is a responsibility shared among individual citizens, families, neighborhood groups, communities, and government – local, state, and federal. Individuals take responsibility for their health and try to improve their quality of life. Neighborhood groups and communities try to provide supports, health care, and other services that educate students and provide programs needed in the community.

The public health system is a responsibility shared among individual citizens, families, neighborhood groups, communities, and government – local, state, and federal.

A responsive and proactive government presence is essential to the public health system in Kansas. Federal, state, and local governments have bottom-line responsibility for the public health infrastructure. Government agencies are a major source of funding and serve as a foundation for public health decision-making. They ensure accountabilities, provide enabling resources and technical assistance, help mentor workers, and encourage healthy lifestyles and a sound environment.

A viable local government role in public health is characterized by actively involved citizens, accountability to statutory requirements, and linkages to leaders in many community organizations. Broadly defined, local government public health includes health departments, schools, public works, hospitals (especially those governed by cities, counties and hospital districts), and other related tax-based organizations. Beyond government agencies, however, many public and private sector organizations play a major role in maintaining and promoting the health of the public.

A Key Concern: Loss of the Population-Based Perspective in Public Health. Governments have traditionally played a major role in organizing the public health delivery system. A population-based perspective has been the hallmark of effective public health in eradicating and preventing communicable diseases earlier in the 20th Century.

Population-based public health is defined as "*interventions aimed at disease prevention and health promotion that affect an entire population and extend beyond medical treatment by targeting underlying risks, such as tobacco, drug and alcohol use and sedentary lifestyles; and environmental factors.*"[2] There are numerous underlying risks to be targeted for intervention, such as diet and nutrition, that have a significant impact on the health of populations.

An illustration of how population-based public health acts as the foundation for all health services is presented in **Figure 1**. A key concern in Kansas and elsewhere across the country is the *loss* of this perspective in the minds of those responsible for funding public health. Over recent years, attention paid and resources directed to population-based public health and prevention have not kept pace with growing needs. The viability of the very foundation of our system of health services, population-based public health, is fragile. This threatens the health of Kansans, present and future.

The purpose of our planning process and recommendations is to regain lost ground – to reassert the importance of a population-based foundation for health services by enhancing the value and capacity of our public health system. **Figure 2** depicts phases of public health in terms of the loss of the population-based perspective and a scenario for regaining an appropriate balance between medical care and public health. Recommendations presented in this report guide the way to recapturing the strong base for prevention and population health improvement. *The key will be reestablishing the prominence of population-based prevention among all providers and linking with each other to assure availability of personal health services for those needing care.*

Who's at the Table? The health of the public is influenced by a complex array of genetic, biological, behavioral, social, and cultural factors. Managing the health of the public and addressing the root causes of disease require a system of assets and competencies – an infrastructure analogous to a transportation system, banking system, or other organized social services. In this regard, public health encompasses many roles including health promotion, prevention, surveillance, screening and detection, and protection for everyone, as well as primary care for vulnerable populations.

Government and private sector organizations share and coordinate these functions. The Institute of Medicine states, "*improving health is a shared responsibility of health care providers, public health officials, and a variety of other actors in the community who can contribute to the well-being of individuals and populations."*[3]

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Public health, surveillance, and prevention activities intersect and are increasingly integrated with acute care, restorative medicine, long term care, and respite care. **Figure 3** illustrates the types of organizations "at the table" in the Kansas public health improvement initiative. Participants include both traditionally defined health department leaders, as well as a more inclusive set of organizations involved in community health improvement.

Public Health Defined and Applied. Broadly defined, public health includes all of the individual competencies (e.g., skills and literacy levels), organizational capacities, and community resources that keep people well and provide for a high quality of life and sustainable natural resources. The Committee on the Study of the Future of Public Health in 1988 stated "*the Committee defines the mission of public health as fulfilling society's interest in assuring conditions in which people can be healthy. ...The government agency has a unique function: to see to it that vital elements are in place and that the mission is adequately addressed."*[4] Winslow in 1920 provided the following classic definition:

> *Public health is the science and art of preventing disease, prolonging life and promoting health and efficiency through organized community effort for the sanitation of the environment, the control of communicable infections, the education of the individual in personal hygiene, the organization of medical and nursing services for the early diagnosis and preventive treatment of disease, and for the development of the social machinery to insure everyone a standard of living adequate for the maintenance of health, so organizing these benefits as to enable every citizen to realize his birthright of health and longevity.*[5]

Mission. The mission of public health in Kansas, "*to fulfill society's interest in assuring conditions in which Kansans can achieve optimum health,*"[6] is carried out with three core public health functions:

> *First, public health agencies assess community health status and assess whether the community has adequate resources to address the problems that are identified. Second, they must use the data gathered through assessment to develop health policies and recommend programs to carry out those health policies. Finally, they must assure that necessary, high quality, effective services are available.*[7]

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Second, they must use the data gathered through assessment to develop health policies and recommend programs to carry out those health policies.

Finally, they must assure that necessary, high quality, effective services are available.

The public health infrastructure in Kansas should consist of those assets, capacities, and competencies that are necessary to keep Kansans and their environment healthy. The functions included in this infrastructure are known as the ten essential public health services:

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- *Monitor health status to identify community health problems,*
- *Diagnose and investigate health problems and health hazards in the community,*
- *Inform, educate, and empower people about health issues,*
- *Develop policies and plans that support individual and community health efforts,*
- *Enforce laws and regulations that protect health and ensure safety,*
- *Mobilize community partnerships to identify and solve health problems,*
- *Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable,*
- *Assure a competent public health and personal healthcare work force,*
- *Evaluate effectiveness, accessibility, and quality of personal and population-based health services, and*
- *Research for new insights and innovative solutions to health problems.*[8]

The Governor's Commission, in the course of its work, has adopted this mission statement and these definitions (see **Appendix 2**, *Public Health in America*). The Commission has pursued an inclusive approach to information-gathering, and have taken into consideration the core public health functions and essential services concepts. The following statements summarize the Commission's charge and course of action.

Kansas Program Goals and Strategic Development Process. The *Turning Point* national program office in collaboration with the Governor's Commission in Kansas set forth the following expected outcomes for public health improvement planning. It was expected that at the end of the initial planning process, i.e., January 2000, the Commission will have:

- Assessed and redefined the public health mission, roles, and responsibilities in Kansas, including defining relationships with the clinical health care sector and other community stakeholders.
- Identified the technical, organizational, legal, and fiscal changes needed to strengthen public health's capacity to address challenges in community health.
- Established and enhanced systematic ongoing collaboration among state and local agencies, as well as with other public health-related agencies.

- Developed a public health improvement plan (1) describing the infrastructure needed to improve population-based health, (2) establishing priorities for implementation and a timetable for achieving needed changes, and (3) identifying a strategy for financing and maintaining the proposed changes.

A two-year long strategic development process was carried out for the purpose of creating an actionable plan which, as it is being implemented, will transform the Kansas public health infrastructure, build its capacities, and respond to current and emerging public health challenges. Six objectives were formulated to meet this purpose:

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Objective 1: *Education* – Assemble a Governor's Commission on public health improvement. Educate the Commission on the current status of the Kansas public health system and the population's health. Examine benchmarks established in *Healthy People 2000*.[9]

Objective 2: *Shape Consensus* – Examine the core public health functions, goals, and objectives in Kansas, currently and historically. Develop a clear understanding of these goals and objectives, and the underlying public health principles driving state and local activities. Develop a process for aligning goal-setting at the state and local level, and for shaping consensus on relevant issues. Arrive at consensus on broad directions to be pursued.

Objective 3: *Assessment* – Comprehensively assess the Kansas public health system and its component parts (administrative, workforce, financial, technical, environmental health, and statutory base). The assessment framework involved two directions:

> *Structural Analysis* – Identify gaps and deficits and determine the degree to which current goals are being met. Identify infrastructure enhancements, financing, organizational structure and governance issues where public needs are not matched with public health capacities, and where roles and responsibilities need redefinition. Identify administrative inefficiencies, time-consuming "handoffs" between management layers, and areas for better matching of technology to needs.
>
> *Communications Analysis* – Describe and evaluate the scope and quality of relationships within the Kansas public health system and linkages with other state and local community stakeholders. Point out areas for enhancing on-going communications, creating explicit linkages, and formalizing relations. Create a network model of all existing partners and prospective partnerships. Examine the rates and flows of communications within this network in terms of speed, structure, format, and comprehensiveness. Identify impediments to collaboration and ways to resolve conflict.

Objective 4: *Identify Options* – Explore alternatives for improving, transforming, or reinventing the Kansas public health system (in whole or in part). Explore and re-examine linkages between the public health system as it has been traditionally defined and as a reinvented delivery model. Search for and formulate "change prescriptions" for the Kansas public health system and replicate best practices where applicable. Forge linkages between public health, managed care, primary care, and specialty medicine.

Objective 5: *Visioning* – Use the knowledge gained to create an information-based and attainable vision of the future of the public health system in Kansas. Address success factors and barriers to attaining the vision and identify needed innovations. Specify measures for evaluating progress. Communicate and share this vision across the spectrum of partnerships comprising a redefined public health system. Identify a means to sustain financing required for building capacity and ensuring effective management, planning, policy development, and delivery.

Objective 6: *Strategic and Tactical Plan* – Create a comprehensive plan, strategies, and inter-organizational processes to redefine the public health system and its linkage with medicine. The plan is to address the overall structure, the system's component parts, and inter-organizational dynamics. Develop a mechanism to structure communications, formalize relationships, and sustain collaboration for implementing the plan. Use surveys, focus groups, pilot projects, and demonstrations to design and implement the plan.

Evidence Points to Needed Improvements. Public health and medicine have made major contributions to life expectancy and quality of life this century. If calculated, their "returns on investment" have been enormous in terms of length of life, social and scientific advances, and other measures. However, public health has functioned so successfully over the course of the 20th Century that society takes its value for granted. While we must be vigilant in the areas of infectious disease and maintain sanitation standards, the present system of public health hasn't been designed to confront other threats like chronic disease, mental illness, societal violence, or degradation of the environment. *The Governor's Commission feels that society needs to provide adequate financial resources to maintain these gains with a focus appropriate to meet current and future needs. Any less commitment will compromise the future of Kansas children and the viability of the state's economy.*

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While we must be vigilant in the areas of infectious disease and maintain sanitation standards, the present system of public health hasn't been designed to confront other threats like chronic disease, mental illness, societal violence, or degradation of the environment.

The Governor's Commission examined results of surveys, published data, public hearings, and the expert opinions of over 200 Kansas leaders participating in eight task forces. Although there are some limitations in the amount and comparability of available data describing gaps in state and local public health capacity, the Commission was able to draw conclusions from its assessment activities. In general, an attempt was made to assess qualitatively the gap between current capacities in the state's public health system and existing and projected system needs (see **Figure 4**).

The information gathered during the assessment phase answered a series of driving questions and helped set clear objectives as the Commission formulated recommendations. The following four questions shed light on the public health challenges facing Kansas in coming years. (Note: Please refer to the report entitled *The State of Public Health in Kansas* for a more comprehensive description of challenges facing public health in Kansas.)

Capacity to Manage Health and Illness in the Population: *How healthy are Kansans and how well does the public health system address population-based health issues?*

In Kansas, as in many areas of the United States, there are significant and growing numbers of citizens with chronic diseases, families lacking basic health insurance, an aging population (especially in rural areas), and more severe and frequent health problems among minorities than in the general population. The state's system for public health and prevention, as presently constructed, is unable to keep up with the population's burden of disease. Inadequate surveillance, a core function of public health, impedes a more detailed picture of the health of Kansans.

Access to Appropriate Programs and Services: *Do Kansans have access to appropriate coordinated public health programs and services?*

Coordination of services is limited because there are few incentives for independent agencies and organizations to work together. The roles and responsibilities of different agencies are poorly defined. Communications across professional groups is limited. Data on what cooperative efforts are working are scarce. Access by the poor to coordinated services is extremely limited.

Adequacy of Finances and Other Enabling Resources: *Does Kansas have adequate finances, staffing, educational programs, information systems, data, and statutes to support essential public health services?*

The following four questions shed light on the public health challenges facing Kansas in coming years:

Capacity to Manage Health and Illness in the Population: ***How healthy are Kansans and how well does the public health system address population-based health issues?***

Access to Appropriate Programs and Services: ***Do Kansans have access to appropriate coordinated public health programs and services?***

Adequacy of Finances and Other Enabling Resources: ***Does Kansas have adequate finances, staffing, educational programs, information systems, data, and statutes to support essential public health services?***

Leadership and Governance: ***Does Kansas have an effective system for working together and making decisions related to effective delivery of public health services in Kansas?***

Many local health agencies and indigent clinics are experiencing acute financial difficulties due to rising patient loads, poor farm economies, declining fee income, and the effects of the Balanced Budget Act of 1997. State and local funding for public health in Kansas is below the U.S. average and is inflexible and limited in scope. Improvements in public health education are being made and need to be expanded as a means of attracting qualified, adequately compensated workers to Kansas health professions. Health information systems are under-funded and population health data are inadequate and not timely in Kansas. The 1,080 public health statutes bear careful examination for the purpose of updating the state's statutory base.

Leadership and Governance: *Does Kansas have an effective system for working together and making decisions related to effective delivery of public health services in Kansas?*

The framework for policy-making and coordination of planning beyond agency and normal organizational boundaries is minimal. Most health departments serve small population bases and operate without a set of standards to evaluate performance. Authority, structure, and linkages between state and local health departments are not clearly spelled out. Leadership continuity has been limited.

Governor's Commission Objectives. To address these public health issues, the Commission recommends that Kansas leaders carefully consider the following objectives:

Health Status —
- Improve public health surveillance capabilities in order to support decision-making and priority-setting.
- Reduce or eliminate health status gaps among minorities.
- Target vulnerable groups, especially children, female heads of households, and elderly, for health improvements.
- Reduce the number of uninsured Kansans.

Leadership and Governance —
- Establish a set of principles of health and health objectives similar to those found in the upcoming report *Healthy People 2010*.
- Improve continuity in strategic health planning and implementation processes.
- Coordinate the work of different organizations more effectively.
- Establish incentives for state and local health agencies to set policies and deliver services through a network structure.

To address these public health issues, the Commission recommends that Kansas leaders carefully consider the following objectives:

Health Status

Leadership and Governance

Financing and Enabling Resources

Delivery System and Access to Care

Financing and Enabling Resources —

- Develop more stable sources of funding for essential public health services.
- Identify ways to relieve financial stress in local health departments and indigent care clinics.
- Begin funding and piloting projects to replicate effective health improvement programs.
- Make access to public health education and continuing education more readily available.
- Provide more technical assistance from state agencies and other larger health organizations.

Delivery System and Access to Care —

- Provide incentives for local agencies to cooperate and for state agencies to decentralize some services and be more responsive to local providers.
- Develop an explicitly defined system of public health delivery with specific appropriate roles for state and local government and the private sector.
- Encourage partnership development and evaluate successes and failures.
- Improve access to services, especially for the poor.
- Make relations with the public media more consistent and improve communications with the public on health affairs.

The following sections summarize and provide details on the recommendations, objectives, and action steps that the Governor's Commission believes will begin to correct these deficiencies in the state's public health system and meet the objectives stated above.

The following sections summarize and provide details on the recommendations, objectives, and action steps that the Governor's Commission believes will begin to correct these deficiencies in the state's public health system and meet the objectives stated in this chapter.

Chapter Two
A Vision of an Improved Public Health System

Vision of System Improvements. The Governor's Commission hopes to stimulate system wide public health improvements in Kansas that are supported by leaders across the state and consistent with other similar Kansas initiatives. The Commission took guidance from similar strategic planning efforts in Kansas and elsewhere across the country.

A central premise to the Governor's Commission work is: a good public health foundation will effectively and efficiently improve the health of Kansans and promote the economic viability of the state.

Model planning efforts in Kansas include *A Kansas Vision for the 21st Century: The Strategic Plan for Economic Development.*[10] The Department of Health and Environment's *Kansas Division of Health Strategic Plan: A Time for Action*[11] sets goals and objectives consistent with the Commission's work (see excerpts in **Appendix 3**). The Department of Revenue created a model strategic plan for its agency.[12] The Adjutant General's Department, Division of Emergency Management constructed a remarkable cross-agency emergency operations plan specifying a matrix of roles and responsibilities assigned to agencies under different emergency scenarios.[13] Finally the *Kansas EMS/Trauma Systems Plan* written as a collaboration of the Kansas Department of Health and Environment, the Kansas Board of Emergency Medical Services, and the Kansas Medical Society represents a successful public/private planning effort.[14]

The vision for public health improvement in Kansas is in no small measure attributable to the counsel and advocacy of many Kansas leaders. Recommendations made by the Commission's eight task forces (see **Appendix 4**), workgroups on Roles and Responsibilities and Statutes, technical assistants and advisors, and by participants at numerous public hearings were critical to the vision and recommendations detailed in this document. The Effective Public Health Organizations Task Force's *Desired Attributes of an Effective Public Health System* was particularly valuable in identifying some of the systems qualities needed in Kansas.[15]

A broad perspective is taken of the organizations, stakeholders, topics, and initiatives constituting the Commission's recommended change effort. Yet, state and local government must lead if measurable improvement in health status in Kansas is to be achieved. A central premise to the Governor's Commission work is: *a good public health foundation will effectively and efficiently improve the health of Kansans and promote the economic viability of the state.*

In the same way that a transportation system requires well-maintained highways, adequately trained drivers, rules of the road, safety standards, stable funding, and other assets, a well-constituted public health system must have an equivalent set of attributes to protect and promote the population's health.

A central purpose of the public health system in Kansas and the statewide public health improvement plan is to have a positive impact on the health status of the state's residents. A vision of an improved public health system must reflect local needs and benefit the state's residents in the following ways:

- *Meet national health objectives* – Significant progress must be made toward meeting and exceeding health objectives set forward in *Healthy People 2000* and expected in the document's next edition, *Healthy People 2010*.
- *Touch more lives* – There must be broad access to appropriate and affordable care for everyone living and working in the state;
- *Target resources to greatest need and public benefit* – Disparities in health status of minorities must be eliminated or reduced;
- *Empower and reward personal responsibility* – The public must be informed so they can make better personal health decisions;
- *Slow the advance of health problems and flatten demand* – The root causes and economic disincentives to illness must be minimized or eliminated;
- *Foster civic pride and economic development* – Conditions must be put in place for a healthy, competent, well-educated workforce and for economic opportunities for those able to make a contribution;
- *Instill trust in leadership* – Confidence in the performance and ability of leaders to accomplish community objectives must be restored and enhanced.

The vision of an improved public health system in Kansas is meant to help bring about these conditions. A key consideration of the recommendations presented by the Governor's Commission is to promote and enhance the prominence of the population-based, preventive approach to managing the health of Kansans. *Medical care and individual health services are invaluable and the aim of the Commission's recommendations is to reestablish a strong population-based public health delivery system with tight linkages to traditional health care and other determinants of health* (see **Figure 5**).

A vision of an improved public health system must reflect local needs and benefit the state's residents in the following ways:

- ✔ **Meet national health objectives**
- ✔ **Touch more lives**
- ✔ **Target resources to greatest need and public benefit**
- ✔ **Empower and reward personal responsibility**
- ✔ **Slow the advance of health problems and flatten demand**
- ✔ **Foster civic pride and economic development**
- ✔ **Instill trust in leadership**

Medical care and individual health services are invaluable and the aim of the Commission's recommendations is to reestablish a strong population-based public health delivery system with tight linkages to traditional health care and other determinants of health.

The Commission's vision consists of these attributes and public benefits (see **Figure 6**):

Public Health Should Have a Solid Foundation with These Attributes:

- *Adequate Resources* – There is sufficient capacity and flexibility in use of resources for preventing illness and promoting health in the population;
- *Efficient & Effective Administration* – Organizations are streamlined, open to process improvements, and oriented to reducing duplication of service and effort;
- *Competent Workers* – The workforce has a sense of worth, is culturally sensitive, and prepared to meet present and future challenges;
- *Solid Statutory Basis* – Laws and regulations are up-to-date, relevant to state and local needs, and contain clear authority to perform functions.

Basic Functions and Essential Services Should be Available with These Attributes:

- *Statewide Strategy and Tactics* – There is consensus and a clear sense of direction embodied in the strategic thinking of public and private sector organizations playing a role in public health;
- *Defined Roles and Accountabilities* – Responsibilities are clearly defined and bring about enhanced coordination among providers;
- *A Clear Window into Population Health* – A policy framework is fed by good comparative data describing the health status, burden of illness, and disability levels in the population;
- *Effective Public Communications* – The media is more consistently informed and channels are well-developed for informing the public on health affairs;
- *Responsive and Appropriate Services* – A range of accessible services are available to the general population and targeted to segments of the population with specific needs.

Public Health Should Have Motivated and Consistent Leadership with These Attributes:

- *Technical Assistance and Resource Sharing* – Special competencies, information, and other assets owned by one organization are readily shared with other public service providers;
- *Information Products and Analysis* – Products containing accurate and timely information and in-depth analysis are made available to decision-makers on a timely basis to further their understanding of issues;

The Commission's vision consists of these attributes and public benefits:

- ✔ **Public Health Should Have a Solid Foundation**
- ✔ **Basic Functions and Essential Services Should be Available**
- ✔ **Public Health Should Have Motivated and Consistent Leadership**

- *Mentoring and Education* – Programs to inspire leadership, transfer solutions, reduce conflict, involve more staff, and leverage expert knowledge are available to providers and leaders in community support groups;
- *Advocacy and Partnering* – Groups of leaders work together, applying resources, solving community problems, and transmitting the enthusiasm and joy of working productively together to meet common aims;
- *Innovation for a Healthy Population* – Leaders are willing to allocate resources to demonstration programs and pilot projects that lead to innovative ways of thinking and handling community development challenges.

Three recommendations comprise the core change events that the Governor's Commission believes will lead to an improved public health system in Kansas...

Each recommendation and associated goals for improving the state's public health foundation are examined in more detail in following sections of this report.

Recommendations and Goals for Kansas Leaders. The following three recommendations comprise the core change events that the Governor's Commission believes will lead to an improved public health system in Kansas and meet the objectives listed above (see **Figure 7**). These priorities were chosen because they are comprehensive, pivotal to longer-term success, and supported by key stakeholders. Each recommendation and associated goals for improving the state's public health foundation are examined in more detail in following sections of this report.

Recommendation One: *Leadership and governance: Institute a statewide, continuous public health policy-setting, planning and development process.*

The Commission recommends the establishment of a state-level board for policy setting and strategic planning that will guide implementation of change processes. This board, the *Public Health Policy and Planning Forum*, will facilitate the communications, cooperative planning, and coordinated program implementation of multiple organizations. It will provide the vision, set policy, advise on the allocation of resources, and evaluate progress. It will look out 10 to 20 years, take a broad perspective on the determinants of the public's health, work from a technically sound basis, and serve the Governor and Legislature on policy and planning issues. It will serve as that *single voice* for public health with a constant agenda to provide strong support for disease prevention and population-based programs and services.

This new body will overcome the individual "silos" of separate organizational charges and achieve functional integration without institutional consolidation. Too often in public health and the broader health care arena, leaders don't consistently talk with each other. A broadly inclusive constituency can only serve to strengthen public health in Kansas and overcome professional and organizational isolation. In the words of one Kansas public health physician,

"*In Kansas, most public health planning takes place outside of Health and Environment and local health departments. The state insurance commissioner, the departments of social services and of labor, the Attorney General, the professional licensing boards and the University system all establish important public policy that shapes the health of Kansans today and in the future. Unfortunately, this broader model is not the result of a planned and coordinated approach by either the legislative or executive branch. Instead, it reflects a historical reality of public health agencies with a limited view of their role and a resultant inefficient and often ineffective use of public resources.*"

Recommendation One, on leadership and governance, has seven goals.

Representation on the Public Health Policy and Planning Forum will be multi-disciplinary and regionally distributed, including key State agencies with functions related to public health and local health representatives. Mechanisms will be created for broad input from local, regional, and state stakeholders. The board would be appointed and charged by the Governor to:

Goal 1: Adopt and promote a set of principles of health and environment that creates a framework for policy, resource allocation, and coordinated implementation of health improvement initiatives.

Goal 2: Convene an ongoing process to plan and develop initiatives based on a common framework and set of objectives as outlined in *Healthy People 2000*.

Goal 3: Establish a subcommittee working toward "zero percent disparities" in the health status of minorities compared with the general population.

Goal 4: Clarify roles and responsibilities in the state public health system fostering cooperative work and communications among agency Secretaries and regional and local public health and health care systems.

Goal 5: Review statutes related to public health on an ongoing basis and make recommendations to the Legislature for revisions.

Goal 6: Tie the Health Care Data Governing Board and related data-based organizations to the statewide public health policy and planning process so that community health assessment standards will be set, benchmark data delivered, technical assistance provided to partnerships, technology synchronized, and information exchange promoted.

Goal 7: Track public health systems change in Kansas, evaluate progress, and report results to the Governor, the Legislature, and all Kansans.

Recommendation Two: *Stabilize funding and enhance capacity: Improve essential public health services and population health by increasing and stabilizing financial resources and allocating state funds for local community health improvement initiatives.*

Recommendation Two, on stabilizing funding and enhancing capacity, has five goals.

Recommendation Three, on effective delivery, has six goals.

The Commission recommends use of state general funds and allocation of other funds to expand local preventive public health services so that public health expenditures in Kansas meet the U.S. per capita average of $5. Local public health revenues can be linked to those from tobacco settlement funds, Title XIX, Title XXI, and other government sources. Such action could be used to:

Goal 8: Fill existing gaps in essential public health services by creating a long term, stable funding stream for local public health initiatives.

Goal 9: Increase public health expenditures in Kansas to approach the U.S. per capita average and address needs adequately.

Goal 10: Stimulate broad resource reallocation by linking local public health revenues to those from tobacco settlement funds, Title XIX, Title XXI, and other government sources.

Goal 11: Fund sustainable innovative pilot programs designed to improve access to preventive services and basic health care for children, elderly, and poorly served populations with built-in incentives to enhance working relationships between local public health agencies and other health care providers.

Goal 12: Streamline business processes to improve local agency flexibility; target resources to priorities established by the statewide public health planning processes described above.

Recommendation Three: *Effective delivery: Develop and enhance a statewide network for delivering professional education, workforce initiatives, communications, and public health-related services.*

The Commission recommends utilizing existing local agencies and providers to establish a more clearly defined statewide public health network. Such a system will be better enabled by meeting these goals:

Goal 13: Establish workforce education programs for basic public health, continuing education, and credentialing to broadly support the entire public health workforce.

Goal 14: Develop and coordinate delivery of public health training programs across educational institutions utilizing distance learning technologies.

Goal 15: Proactively set standards and guidelines for evaluating state and local public health functions, services, and performance.

Goal 16: Design and develop a strong regional information technology infrastructure for distributing network programs and services, technical assistance, and providing multiple opportunities for accessing coordinated services, information resources, and expertise.

Goal 17: Facilitate the development of a more effective forum for communications and decision-making, and more unified delivery of health services, education, and research among state, regional, and local public health providers.

Goal 18: Enhance working relations at all levels of the system by improving public communications on health initiatives and strengthening ties with mass media.

The Governor's Commission maintains that these coordinated actions will stimulate systems changes and foster our vision of a public health system in Kansas. The next sections of this report provide details and direction on a statewide public health improvement plan meant to affirm and support the Governor's pledge to the citizens of Kansas. The Commission takes its inspiration from remarks in the Governor's 1998 inaugural speech:

> *"My administration will have the responsibility to help lead Kansas into the 21st Century. The bridge to the next century must be built on a strong foundation. .... We dare not journey into the new century without a strong reaffirmation of our time-honored values. This journey will take strong leadership, not slogan leadership. Strong leadership unites us; it does not divide us. Strong leadership raises our hopes; it does not focus on our fears. Strong leadership teaches by example; it does not preach."*

The next sections of this report provide details and direction on a statewide public health improvement plan meant to affirm and support the Governor's pledge to the citizens of Kansas.

Chapter Three: Carrying the Vision Forward: Leadership and Governance

The first recommendation of the Governor's Public Health Improvement Commission is for Kansas to…

Institute a statewide, continuous public health policy-setting, planning and development process.

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Institute a statewide, continuous public health policy-setting, planning and development process.

This on-going process would unify the various health planning and development efforts under way in the state. It would continue the forward momentum of the Governor's Commission and the Steering Committee preceding it. The planning and development process would be embodied in the form of the *Public Health Policy and Planning Forum,* similar in function to a state health board or council. The policy and planning forum would set policy, provide continuity in dialogue, develop the road map for systems change, and serve as a model for leadership and broad partnership development across the state. Representation of the group would be multi-disciplinary, regionally distributed, and include key State agencies with functions related to public health.

The Governor's Public Health Improvement Commission, during its deliberations on the future of public health in Kansas, concluded that the *process* of meeting, discussing health affairs, forming solutions, and monitoring implementation was of primary importance. In the words of one Commission member, *"in the amount of time we have, it isn't feasible to come up with a grand plan that will deal with all of the issues, but instead a process to deal with the issues on an orderly basis."* Members of the Governor's Commission were able to weave their perspectives together and combine the strengths of their respective professional backgrounds into consensus opinions that set a positive tone for future cross-discipline collaboration on public health and prevention. This process must be continued and formalized for the purpose of meeting the goals and other recommendations set forth here (see **Figure 8**).

Structure, Focus, and Options for Public Health Policy and Planning Forum. The principal purpose of the Public Health Policy and Planning Forum will be to address the three broad recommendations constituting the Public Health Improvement Plan and the related 18 goals described in detail below. Establishment of this group was also recommended by the Task Force on Effective Public Health Organizations. Here are some considerations and options for the policy and planning forum:

The principal purpose of the Public Health Policy and Planning Forum will be to address the three broad recommendations constituting the Public Health Improvement Plan and the related 18 goals.

Size and Representation – Issues to consider regarding this body include: appointments to serve, eligibility requirements, terms of service, the number of members, and background of members. The Governor's Commission weighed stakeholders' advice at public hearings and studied the features of other boards in defining the advisory group's characteristics.[16] The Commission recommends the following:

- Appointments – The Governor's Office will designate the Secretary of the Kansas Department of Health and Environment as chairperson. The Governor's Office will appoint members of the group based upon nominations and recommendations from the Policy and Planning Forum. Eligibility criteria would be determined during the transition from the Governor's Commission to the formal group.
- Terms – Members would serve four-year terms with a two-term limit. Members terms would be staggered to maintain continuity. Terms of the first advisory body would begin on or before July 2000.
- Number and Background of Members – The group would be comprised of fifteen members and characterized as follows:

1. The chairperson would be the Secretary of the Kansas Department of Health and Environment.
2. One member would be the director of the KDHE Division of Health.
3. One member would be the director of the KDHE Division of Environment.
4. One member would come from the northeast health district (as defined).
5. One member would come from the southeast health district.
6. One member would come from the north central health district.
7. One member would come from the south central health district.
8. One member would come from the northwest health district.
9. One member would come from the southwest health district.
10. One member would be the Secretary of the Department of

Aging.

11. One member would be the Secretary of the Department of Social and Rehabilitation Services.
12. One member would be the Commissioner of the Kansas State Board of Education.
13, 14, 15. There would be three at-large members. (Initially, these at-large members would be from the Governor's Commission.)

- Background of Members – A majority of the members should have demonstrated experience in population-based public health. The Commission favors a diverse and inclusive membership beyond traditionally defined public health so that partnership formation will be fostered in Kansas.

Incorporating Voices of Kansans – Mechanisms must be created to incorporate the voices and opinions of individuals from across Kansas in the deliberations and policy choices of the Public Health Policy and Planning Forum. In addition to input from individuals serving in local public health departments, there should be input from persons with a broader regional perspective, as well as from physicians, hospitals, long-term care, other allied health professions, social services, agriculture, and the private sector. Input from stakeholders should be encouraged at state and regional open meetings and from other means (for example, e-mail, and Internet-based discussion groups). A Kansas public health improvement Web page (see information under *Goal 7*) and a national public health improvement Web page sponsored by the *Turning Point* national program office (tpnet.org) can serve as vehicles for exchanging information and opinions.

Mechanisms must be created to incorporate the voices and opinions of individuals from across Kansas in the deliberations and policy choices of the Public Health Policy and Planning Forum.

In addition to input from individuals serving in local public health departments, there should be input from persons with a broader regional perspective, as well as from physicians, hospitals, long-term care, other allied health professions, social services, agriculture, and the private sector.

Organizational Structure – The structure of the group will influence the manner in which its duties are carried out. Options for carrying out detailed tasks include: on-going or temporary subcommittees, temporary task forces, or topic-specific commissions. At the outset, the Governor's Commission recommends establishing an initial subcommittee to address minority health affairs. Other subcommittees may relate to health data (see Goal 6), assurance of core public health function delivery, statutory review, and community health improvement. Subgroups should address specific concerns relating to: (1) health status, (2) human resources and education, (3) information systems, (4) financing, and (5) legal issues. (Functions of these working groups are suggested throughout this report.)

Statutory Authority – Enabling statute is needed to authorize this group. (See **Appendix 6**.)[17]

Staffing, Funding, and Linkages with State Agencies – The Public Health

Policy and Planning Forum needs sufficient staff and resources to support its work. Initial resources can come from implementation funds received from the Robert Wood Johnson Foundation. Staff and financial resources are the "glue" needed to facilitate effective communications and planning.

Issues related to permanent funding and linkages between the policy and planning body and state agencies need to be resolved. Two key considerations are the size of the group's budget and whether there are dedicated staff and/or access to staff from state agencies. The linkages between the group and state agencies, such as the Department of Health and Environment, Social and Rehabilitation Services, the Department of Aging, the Juvenile Justice Authority, and the Department of Education, need to be defined and established.

Focus – The Governor's Commission recommends a broad focus in order to stimulate partnership formation in public health and to address health affairs from a holistic perspective. Such a broad focus would result in:

- Linkages Between Initiatives – Agency initiatives should be inventoried. Bridges between state, local, public, and private sectors should be forged and maintained for all relevant initiatives. A single, statewide, long-term calendar of events, publications, and decision-making sessions should be created and maintained.
- Population-Based Paradigm – Leadership across the state should be oriented and informed of the benefits, efficiencies, rates of return, and opportunities of adopting a population-based prevention approach to resource allocation and program design.
- Dialogue with State Health Agencies Outside Kansas – There is a need to maintain communications with other state health agencies, especially with neighboring states. Residents in border states frequently use local public health services in Kansas, and visa versa.
- Continuity of Pilot Programs and Demonstrations – Oversight of pilot projects needs to be improved to ensure funding and continuity past the demonstration period and to encourage opportunities for replication in other parts of the state.

The Public Health Policy and Planning Forum needs sufficient staff and resources to support its work.

The Governor's Commission recommends a broad focus in order to stimulate partnership formation in public health and to address health affairs from a holistic perspective.

Goal 1: A Set of Principles of Health and Environment. The Governor's Commission recommends that Kansas

Adopt and promote a set of principles of health and environment that creates a framework for policy, resource allocation, and coordinated implementation of health improvement initiatives.

Goal 1: A Set of Principles of Health and Environment:

Adopt and promote a set of principles of health and environment that creates a framework for policy, resource allocation, and coordinated implementation of health improvement initiatives.

A central purpose of convening an on-going Public Health Policy and Planning Forum is to develop an overarching policy framework for guiding state and local governments, private sector health care providers, and all citizens of Kansas in their decision-making on health affairs. A set of principles of health and environment will serve as a common denominator and road map for leaders – at both state and local levels. As citizens and leaders across the state come to agree on the value of public health and disease prevention, responsibilities will be assigned to appropriate groups, and a future set of public health functions will become apparent. So, an important aspect of these principles is to support and better coordinate initiatives occurring at the local level.

The *Kansas Principles of Health* must adopt the core public health functions of assessment, policy development, and assurance of service delivery as part of their precepts. They must be forward-looking, anticipating future challenges to the health of the public. They must also be reactive to protect the population against outbreaks of communicable disease. The principles must center around concepts of health promotion, education, and individual responsibility for personal health and wellness. They must advocate including minorities in decision-making and increasing attention to eliminating gaps in health status among the disadvantaged.

The principles of health and environment will help unify and synchronize the numerous health initiatives under way in Kansas. For example, the newly appointed Children's Cabinet and the *Connect Kansas: Supporting Communities that Care* initiative also have a public health mission. Guided by a common set of principles, the combined efforts of these groups and the policy and planning forum will improve each group's returns. Further, the development of these principles is tied to the *Kansas Division of Health's Strategic Plan* (see Goals 1, 4, and 7 in **Appendix 3**) and to other state agency strategic plans.

The following outcomes may serve as a guide in developing these principles:

- Health Status – Promote a broad definition of health to encourage many professional groups to participate in the dialogue on health and prevention. Social services, mental health, nutrition, oral health, public safety and many concerns should have input to health status issues for the general population, gaps among minorities, and problems of selected populations-at-risk.
- Human Resources – Promote the public health professions as valuable community assets and prestigious occupations for society's benefit. Highlight the importance of educational programs to enhance the competencies of all Kansans – public health workers, health care providers, other government and private sector workers, and the public at large.
- Health Information – Place a high value on thoughtful analysis, timely, comparable information products, and on dialogue on health affairs. Specify acceptable information standards on public health, social determinants affecting the health of specific populations, health status, and environment that must be readily available to citizens and decision-makers.
- Finances and Enabling Resources – Address disparities in spending on public health, prevention, and health promotion and on the social and economic disincentives to health in our society. Promote a strong financial base for public health, adequate facilities and services, and a modernized health information infrastructure that integrates health care providers across all sectors of the state.
- Legal Basis – Encourage the gradual development of an updated statutory base for public health in Kansas that clearly specifies the roles and authority of health departments in protecting and promoting health. Promote a strong relationship between public health, the Legislature, and the Governor's Office. Alter statutes based on changes in federal laws, and ensure that agency regulations and practices reflect the intent of the law.

Goal 2: On-Going Development Toward *Healthy People* Objectives.
The Governor's Commission recommends that Kansas

> *Convene an on-going process to plan and develop initiatives based on a common framework and set of objectives as outlined in Healthy People 2000.*

The Governor's Commission believes that a set of principles of health for Kansas should be translated into actionable plans tied to measurable objectives. Development of measurable objectives and periodic review

Goal 2: On-Going Development Toward *Healthy People* Objectives:

Convene an on-going process to plan and develop initiatives based on a common framework and set of objectives as outlined in Healthy People 2000.

of progress toward meeting them is an essential part of on-going work. Taking the broad view of public health in Kansas, the following areas should be used by the Public Health Policy and Planning Forum:

The Governor's Commission believes that a set of principles of health for Kansas should be translated into actionable plans tied to measurable objectives.

Healthy People 2000 and 2010 for the U.S. and Kansas – Adopt and utilize the national health objectives as specified in *Healthy People 2000*[18] and the upcoming *Healthy People 2010*[19] as models for Kansas. While there are some variations in the two sets of national objectives, they each have a solid rationale and excellent comparative data with which to monitor progress. *Healthy People 2010* objectives encompass healthy behaviors, safe and healthy communities, prevention and reduction of diseases, and organizational performance for personal and public health services. The *Healthy People 2010* objectives are likely to set a standard for 80 percent of local health jurisdictions to have a health improvement plan in place by 2010 linked to their state plan. Only 32 percent of local health jurisdictions had one in place in 1992-93, and even fewer in Kansas.

Healthy Kansans for State and Local Areas in Kansas – Kansas has a set of health objectives tailored after the national set – *Healthy Kansans 2000*.[20] These objectives should be monitored in relation to national and local data. The National Center for Health Statistics periodically reviews progress toward or movement away from the national objectives.[21] A similar evaluation should be conducted in Kansas. The *Behavioral Risk Factor Surveillance Survey* and other similar data collection instruments should be promoted at the local level in Kansas as a means to guide community health assessments. The Kansas Department of Health and Environment has an excellent survey process and information product in place for adoption by local health partnerships.[22]

Community Health Improvement and Program Impact – The Commission's Finance Task Force recommended adoption of a process to review and address the fiscal impact of new public health programs and policies. This evaluation process would be especially valuable as agencies and local partnerships initiate community health improvement efforts following the Institute of Medicine's change model.[23] Kansas should also examine the utility of other evaluation tools like the Health Care Forum's *Health Outcomes Tool Kit* for evaluating community health.

Social and Economic Determinants of Health – Utilize the census, surveys, and other demographic and economic data to monitor the characteristics of the social, educational, and economic environment

in Kansas that have a bearing on the health status of the population. Achievements in education (e.g., reducing illiteracy), economic development (e.g., reducing poverty and increasing the number of jobs), and community revitalization can be measured and monitored periodically to measure gains on the social front.

Environmental Objectives – Monitor the development of the *Protocol for Assessing Community Excellence in Environmental Health* (PACE-EH) by the National Association of State and Local Health Officials. Work with state agencies, the Kansas Association of Local Health Departments, the Kansas Association of Sanitarians, and other groups to define an effective and efficient set of objectives for monitoring environmental health.

Goal 3: Subcommittee on Zero Percent Disparities in Health Status. The Governor's Commission recommends that Kansas

> *Establish a subcommittee working toward "zero percent disparities" in the health status of minorities compared with the general population.*

The Governor's Commission is concerned about the significant health status gaps between African Americans, Asian Americans/Pacific Islanders, Hispanics/Latinos, Native Americans, and the general population. We recognize the importance of targeting financial resources (e.g., Medicaid, Title XXI *Health Wave*, and other social services) to persons in need. Further, the Governor's Commission supports the U.S. Surgeon General's and Health Resources and Services Administration's *Campaign for 100% Access and 0% Health Disparities.* Access to appropriate care, public health, and preventive services is important for all Kansans. Investments also must be targeted to specific populations-at-risk, of which minority groups often represent a disproportionate share.

The establishment of an ongoing dialogue and action planning are needed in Kansas to address minority health issues. The leadership of the Public Health Planning and Policy Forum must address these issues and dedicate a related process to solutions. A subcommittee is suggested as a means for implementing this recommendation, at least until significant results are apparent. While some commented during public discussions that a separate dialogue may lead to fragmented efforts, others saw the goal as to establish a permanent Office of Minority Health Affairs in Kansas.

The Governor's Commission listened to many minority leaders in Kansas during 1999 with the assistance of the Region VII Health and Human Services, Office of Minority Health, and facilitation by the Center for Health

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and Wellness in Wichita. Leaders of the Native American sovereign nations in Kansas were consulted with the assistance of the Office of Indian Affairs, Kansas Department of Social and Rehabilitation Services. The Association of Asian Pacific Community Health Organizations (AAPCHO) was helpful in providing recommendations.

There are a number of issues to be addressed by this subcommittee. Some of these issues are listed by the Minority Outreach workgroup in **Appendix 5**. Other issues for deliberation and planning include the following:

Increase Community Participation, Active Listening, and Resource Sharing – Now that a dialogue has been initiated with minority leaders on public health improvement, it is important to respond to expectations and sustain the process. Increased input from local minority leaders must be encouraged. The process of community asset mapping[24] is also encouraged to identify local strengths and weaknesses and to facilitate community coalitions. Improving the representation of minority members in on-going public health initiatives is essential. Strengthening relationships between institutional providers, public health agencies, and community support groups is critical to meet this public health improvement goal in Kansas. Addressing social determinants (e.g., income, housing, education, racism) that affect health are also key activities to be strengthened.

Disseminate Relevant Information and Increasing Awareness – We encourage generating and distributing more data and information products that address the health and social problems of minority populations. The statewide *Behavioral Risk Factor Surveillance Survey* produced by KDHE for African Americans[25] and Hispanics[26] should be publicized and applied locally. Other data relevant to local minority populations should be produced and disseminated so leaders are able to educate community members about gaps in health status. A premium should be placed on improving local citizens' "literacy" and understanding of health issues affecting their quality of life.

Educate and Develop Minority Leaders – Efforts should be directed at improving training opportunities for minorities in the public health and health care workforce (see Chapter Five). Identifying and shaping leaders is a priority among minorities participating in *Turning Point* in Kansas. In addition, interdisciplinary and multi-cultural teams should be convened to approach schools, community organizations, and other support groups, and to listen, inform, serve, and better coordinate services. Also, increasing Kansans' sensitivity toward cultural differences and a deeper appreciation for diversity should be the standard set for Kansas.

Promote Access to Services and Work Toward Eliminating Disparities – During our meetings, minority leaders expressed a need for mobile screening and other accessible services for their constituents. Targeted services will be important to addressing the U.S. Surgeon General's

We encourage generating and distributing more data and information products that address the health and social problems of minority populations.

0% Disparities objective by 2010. Disparities will be addressed effectively by:

- Informing and orienting institutional providers about the objective;
- Encouraging community leaders to set local goals and gather baseline measures;
- Mobilizing partnerships and developing strategies and tactics:
- Securing resources and conducting campaigns to address specific health issues;
- Measuring progress and altering tactics where improvements are needed.

Welcome New Kansas Immigrants – New Kansans are a valuable resource for the state's economy. Ways are needed to address the health status of immigrant workers and their dependents who often have language barriers, have different cultural models of health care, lack the benefits of an extended family, and are unfamiliar with available resources. Improving language skills and cultural sensitivity and strengthening neighborhood support groups to welcome new populations must be encouraged.

Goal 4: Clarify Roles and Responsibilities. The Governor's Commission recommends that Kansas

> *Clarify roles and responsibilities in the state public health system fostering cooperative work and communications among agency Secretaries, regional organizations, local public health agencies, and health care systems.*
>
> *Define accountabilities among organizations responsible for enhancing capacity.*

The Governor's Commission suggests employing the ten essential public health services model to facilitate the definition of public health roles and responsibilities for the government and private sectors in Kansas.[27] The Governor's Commission sees wide variations in conditions across the state and feels that development of standards must take into consideration local circumstances such as frontier, rural, or urban location, differences in public health problems, and the composition of the population.

The work of the Adjutant General's Department, Division of Emergency Management in developing a matrix of roles and responsibilities shared among state agencies in the *State of Kansas Emergency Operations Plan* is also a model effort.[12] The Missouri Health Department has defined the key

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Define accountabilities among organizations responsible for enhancing capacity.

activities needed to fulfill each core public health function.[28] They have allocated responsibilities between state and local health departments.[29] Their workgroup identified 213 state and 189 local roles and responsibilities needed to fulfill public health's role in Missouri. A survey sent to local health departments helped validate their work.[30]

The Governor's Commission strongly encourages public health communities in Kansas to develop standards and define roles and responsibilities at the state, regional, and local levels. It also values the efforts of the Kansas Association of Local Health Departments to develop a set of communicable disease standards for local health agencies. The following recommendations are offered to further specify public health roles and responsibilities in Kansas:

Continue the Governor's Commission Work on Roles and Responsibilities – The Work Group on Roles and Responsibilities for Public Health convened during the summer of 1999 and produced the draft document entitled *Defining the Public Health System Capacity Necessary to Assure a Healthy Kansas.*[31] Methods were suggested for using the ten essential public health functions to determine organizational roles for each of the *Healthy People 2000* objectives. This dialogue should be continued.

Stimulate Similar Dialogue at the Local Level – This same dialogue is encouraged at the local level. Government-funded entities and not-for-profit organizations should help local health departments meet community health improvement objectives. These organizations include city or county public works and public safety, school districts, and city, county, or district hospitals. As a tool for stimulating dialogue, **Figure 9** illustrates a matrix for use by local government and private sector health care providers to determine how to allocate or share public health services locally.

Encourage Development of Local Government/Private Sector Collaborations – Local public health leaders should consider developing community health councils, school health councils, and other formal partnerships to assign responsibility for community health improvement. Several community health councils under development in Kansas (Reno County and Manhattan) may serve as models. Our task force on Effective Public Health Organizations recommended considering local boards of health. The American Cancer Society advocates for school health councils to further prevention and health education in local schools.[32]

Evaluate Nationally Recognized Tools to Define Roles, Set Minimum Services and Practice Standards – Turnock recommends the Assessment Protocol for Excellence in Public Health (APEXPH) and the Illinois adaptation, Illinois Plan for Local Assessment of Needs (IPLAN), for

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measuring the capacity of local public health jurisdictions to carry out the ten essential public health functions.[33] Turnock and Handler also recommend APEXPH as a means to accredit local health departments.[34] These capacity-building tools should be further explored for setting minimum standards and proactively defining accountabilities for public health in Kansas.

Convene Regent's Institutions to Improve Linkages with Medicine and Other Personal Health Care Occupations – Kansas health professions schools in Regent's institutions should identify strategies to engage medical, nursing, allied health, and social services professions in public health and prevention. Physicians, nurses, social workers, pharmacists, and other health specialists serve as a valuable resource in preventing disease because they have personal contact with Kansans every day.

Goal 5: Review Public Health Statutes. The Governor's Commission recommends that Kansas

> *Review statutes related to public health on an on-going basis and make recommendations to the legislature for revisions.*

The Governor's Commission recommends examining and updating public health statutes in Kansas to ensure systems improvements. Other states associated with the *Turning Point* initiative are conducting a statutory review. The Alaska Public Health Improvement partnership used the Georgetown University Law Center to review public health statutes and recommend changes.[35] Michigan conducted a thorough statutory review of its statutes and successfully passed an omnibus overhaul of public health code in its Legislature in 1982.[36]

There are advocates for similar work in Kansas. The KDHE Division of Health strategic plan recommended review of existing statutes for gaps (see **Appendix 3**, Goal 1). The Kansas Public Health Association inventoried the state's public health statutes .[37] This was updated recently. A list of outdated statutes was compiled and provided to the Governor's Commission. The following recommendations were also made:

The Legal/Statutory Work Group recommended:

- Restructure and clarify lines of authority, along with enforcement authority, in statutes.
- Define the relationship between KDHE and local health

Goal 5: Review Public Health Statutes:

Review statutes related to public health on an on-going basis and make recommendations to the legislature for revisions.

departments.

- Create an umbrella statute on the principles of public health and the definition of a health department.
- Specify sources of stable income to assure Kansans a minimum level of service (i.e., "what should be made available to whom and how to pay for it").
- Identify and repeal outdated statutes and enhance other public health statutes.
- Specify the nature and use of specific types of data for epidemiological purposes.

The Task Force on Effective Public Health Organizations recommended the creation of a statutory base for public health in Kansas that provides a comprehensive foundation for the mission, structure, responsibilities, and funding at the state and local levels.

The Task Force on Effective Public Health Organizations ***recommends the creation of a statutory base for public health in Kansas that provides a comprehensive foundation for the mission, structure, responsibilities, and funding at the state and local levels.***

The Task Force on Environment recommended:

- Standards need to be adopted for quality of recreational waters.
- A standard statewide code and enforcement should be considered for septic system and sewage codes.
- Regulatory guidelines for sanitation and safety in institutional facilities (e.g., child-care, schools, hospitals, nursing homes, and correctional facilities) should be reviewed and re-evaluated in the context of national standards or norms.

In addition to these recommendations, the Commission urges that the following topics be reviewed and changes made:

- Consistent and adequate support for local public health be specified in statutes.
- Better indexing of public health statutes.
- Development of information products on public health statutes to educate local health departments, county commissioners, and health care providers.
- Consideration of a biennial updating of the Kansas Public Health Improvement Plan along the lines of Washington State law (see **Appendix 6**).

Goal 6: Health Data Support for Policy and Planning. The Governor's Commission recommends that Kansas:

Tie the Health Care Data Governing Board and related data-based organizations to the statewide public health and planning

process so that community health assessment standards will be set, benchmark data delivered, technical assistance provided to partnerships, technology synchronized, and information exchange promoted.

The lack of available health data for planning and performance evaluation was a major barrier identified in *The State of Public Health in Kansas.* However, Kansas has made significant investments in health information systems and has the statutory authority to collect and disseminate information under Article 68, *Health Care Data*, in the Kansas statutes.[38] This Article urges *"compiling a uniform set of data and establishing mechanisms through which the data will be disseminated."* These data are meant *"to improve the decision-making processes regarding access, identified needs, patterns of medical care, price and use of health care services."* Further, the Data Governing Board is authorized to request health-related data from *"any quasi-public or private entity which has such data as deemed necessary…"*

Given the deficit of health information for public health policy and planning in Kansas, the Governor's Commission recommends linking the Health Care Data Governing Board to the proposed Public Health Policy and Planning Forum. The expertise and resources of similar groups should also be brought into the policy and planning process.

It is essential for coordinated policy-making and planning to have timely, comparable data that meet decision-makers' needs. The Data Governing Board's role should be (1) tied to the proposed public health policy and planning process, (2) strengthened to help achieve the state's health data needs, and (3) employed to collect data from other agencies, set standards, and coordinate the development of relevant information products.

One clear role of local public health partnerships is to conduct timely community health assessment processes (CHAPs). The Data Governing Board along with other agencies can be of major benefit by setting standards, delivering census and benchmark data, and identifying technical assistance for local public health partnerships. Comparable, timely local and regional CHAP data can provide the baseline measures for identifying priorities and assessing progress toward meeting community health improvement objectives, as called for by the Chair of the Health Care Data Governing Board.[39]
While over 40 communities in Kansas have conducted a CHAP, the resulting products are of varying quality with limitations in the comparability of data. Some took over one year to complete. Data collected from many CHAPs were not fully utilized to initiate community health improvement processes.[40]

Goal 6: Health Data Support for Policy and Planning:

Tie the Health Care Data Governing Board and related data-based organizations to the statewide public health and planning process so that community health assessment standards will be set, benchmark data delivered, technical assistance provided to partnerships, technology synchronized, and information exchange promoted.

The Data Governing Board can also help improve access to health insurance data, vital statistics data, and other state data via a single site for eventual incorporation into a common data repository. By establishing common data definitions and information systems standards, the Data Governing Board can synchronize technology usage and information exchange.

The Data Governing Board can help improve access to health insurance data, vital statistics data, and other state data via a single site for eventual incorporation into a common data repository.

The Task Force on Health Status supported an enhanced role for the Data Governing Board. Here is further evidence supporting the recommendation:

- *Division of Health Strategic Plan* – The state plan recommends improving electronic reporting, data integration, inter-agency coordination, and *"dissemination of policy-relevant public health data."* (See **Appendix 3**)
- *Minimum Data Set for Assessing Health Status* – The Task Force on Health Status called for a minimum set of health status indicators to monitor gaps in health status (as recommended in the Division of Health strategic plan).
- *Identify Barriers to Data Collection* – The Task Force on Linkages and Partnerships recommended identifying and evaluating barriers to effective completion of community health assessments. This evaluation could be broadened to identify barriers to collecting and using any relevant information for public health policy and planning at state and local levels.
- *Standardize Reporting* – The Task Force on Finance called for a standardized approach to collect and report public health expenditures. The Task Force on Workforce and Education made a similar recommendation for classifying public health workforce data in Kansas.
- *Promote Comprehensive Information Management* – The Task Force on Effective Public Health Organizations recommended an integrated, comprehensive information management system as a foundation for public health activities. The Task Force on Electronic Information Systems recommended connecting new and legacy systems and common data element standards for health data.

Each of these recommendations relates to the need to improve dialogue on health data and create better information exchange in Kansas. We believe that linking the Data Governing Board and related organizations to the public health policy and planning process is an important step in this direction.

Goal 7: Track Public Health Systems Change. The Governor's Commission recommends that Kansas

Track public health systems change in Kansas, evaluate progress, and report results to the Governor, the Legislature, and all Kansans.

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Track public health systems change in Kansas, evaluate progress, and report results to the Governor, the Legislature, and all Kansans.

Kansas' pursuit of relevant public health improvement initiatives should be supported by a performance reporting process. This is even more important where multiple organizations are involved in broad systems change and where synchronizing efforts is critical to success. Tangible progress in achieving public health improvement objectives should be reported to the Governor, the Legislature, and all Kansans on a regular basis.

A system to monitor and report changes in the state's public health system is already under development. An *On-Line Documentation System* is being developed by the University of Kansas, Work Group on Health Promotion and Community Development. The Kansas system, the first to be developed to track statewide public health improvements, may serve as the basis for similar reporting systems in other *Turning Point* states.

The system under development can record change events in the public health improvement process. The organizations involved in implementation activities can use reports to guide discussions held by the Public Health Policy and Planning Forum. The Internet-based performance measurement system will have the capacity to:

- *Tie to the Community Tool Box* – The system is linked to the Internet-based *Community Tool Box* — a set of on-line resources to guide health partnerships.
- *Index Information with a "Troubleshooter's Guide"* – Leaders can reference materials pertinent to specific barriers or problems encountered during implementation.
- *Support Materials on Essential Public Health Services* – Other reference materials will be available to inform leaders about the ten essential public health services.
- *E-mail and Discussion Groups* – The names and e-mail addresses of participants in the public health improvement process will be available to facilitate communications. Discussion groups can be convened on relevant topics.

Benefits of Pursuing These Goals. A Public Health Policy and Planning Forum in Kansas has the potential to produce these benefits:

- *Unity of Purpose* – Leaders will have a clear picture of how and where to move forward.
- *On-Going Dialogue* – Inclusive discussions will help shape consensus on a public health policy framework for state and local government in Kansas and foster continuity of

leadership.

- *Measurable Objectives* – A tie to national health objectives will improve uniformity of health data and comparable community health assessments.
- *Addressing Serious Gaps in Health Status* – The health status of the underserved and minorities will receive dedicated attention.
- *Encouraging Diversity and Partnerships* – An example will be set for how an effective partnership functions on the basis of inclusion, diversity, and interdisciplinary communications.
- *Sound Statutory Basis* – Progress will be made on establishing a sound and relevant statutory basis for public health. A more consistent interface will be in place with the Legislature and other policy-makers.
- *Performance Evaluation* – Leaders will be informed about progress made toward public health systems improvement. Change efforts will be better synchronized.
- *Focusing on Root Causes of Poor Health* – Effective dialogue will ensure that policies and actions are directed toward building a public health system that addresses the root causes of disease and disparities in the health of the population.

A Public Health Policy and Planning Forum in Kansas has the potential to produce many benefits.

Chapter Four
Enhancing and Ensuring Adequate Capacity for Public Health

The second recommendation of the Governor's Public Health Improvement Commission addresses the financial resources required to effectively operate a population-based public health system for improving Kansans' quality of life. Successful programs (see Recommendation Three) and sound leadership (see Recommendation One) require adequate resources (**Figure 10**). The Commission believes that public health is a cost-effective funding priority in Kansas – a high pay off investment to improve health and reduce the social and financial costs of illness and disability. Our overall recommendation is for Kansas to…

> *Improve essential public health services and population health by increasing and stabilizing financial resources and allocating state funds for local community health improvement initiatives.*

The second recommendation of the Governor's Public Health Improvement Commission is for Kansas to...

Improve essential public health services and population health by increasing and stabilizing financial resources and allocating state funds for local community health improvement initiatives.

There is growing evidence that some segments of the general population in the U.S. enjoy better health because of population-based public health and prevention work. For example, major killers like stroke and cardiovascular disease have declined due to better hypertension and cholesterol control programs. In Kansas, population-based interventions funded by the Kansas Health Foundation, the United Methodist Health Ministry Fund, the United Way, and other philanthropies have proven effective.

However, despite this evidence, wide variations persist in local per capita spending on essential public health services. Spending on personal health services dwarfs other essential services by about 99 to 1. This means that a county of 10,000 population spends less than $400,000 per year on public health, while total health care spending exceeds *$40 million* if national per capita estimates apply. In reality, a Kansas local health department serving 10,000 would spend considerably less than $100,000 annually. Our state and local government public health spending has consistently lagged many states, forcing local health departments to seek support by providing personal health services.

All sound structures, including the state's health services system, require an adequate foundation. Yet, our ability to provide population-based services has suffered as a result of this concentration on personal health services. We can't maintain excellence in disease prevention by applying minimal resources to the very base of the health services system illustrated in **Figure 1**.

All sound structures, including the state's health services system, require an adequate foundation.

Yet, our ability to provide population-based services has suffered as a result of this concentration on personal health services.

Principles for Public Health Funding. Our recommendations address the critical need in Kansas for a public health financing strategy. The following funding principles are of utmost importance as Kansas leaders attempt to meet the goals stated below:

- The Public Health Policy and Planning Forum must develop a means for enhancing funding, stabilizing financial resources, and allocating funds to state, regional, and local public health priorities.
- Public health must have stable, dedicated, long-term funding that is flexible and not tied to categorical programs to provide an adequate base for our health services system.
- While the case for prevention is best made for children, funding must be for *all* Kansans, including elderly, minorities, and special at-risk groups.
- More resources must be applied at the local level to meet local needs and to develop adequate standards of service. Principles of "strategic inclusion" and "community-initiated decision-making" must be followed to facilitate local buy-in and participation. Resource use can be maximized by coordinating the allocation of funds among partners, improving flexible use of funds, and simplifying budgeting and business processes.
- State-supported and regionally funded services and technical assistance must be available, especially in areas where the population base is small or the economy too fragile for local health departments to meet local needs independently.
- Health outcomes and the impact of health promotion and disease prevention must be monitored to determine where investments are best made and which groups to hold accountable.
- The public must be educated on the benefits of prevention to gain support. Demonstrations must show that population-based public health and workforce education make good business sense and are vital to the state's economic development.

These principles are evident in the Kansas Division of Health's strategic plan (see **Appendix 3**), as well as in recommendations by the task force on Effective Public Health Organizations, the task force on Finance, and the task force on Workforce and Education (see **Appendix 4**).

Financing Goals: Goal 8 to Goal 12 Summarized. Keeping these principles in mind, the Governor's Commission recommends that the Public Health Policy and Planning Forum develop a financing strategy in pursuit of the following goals:

Goal 8: Fill Gaps and Stabilize Funding. We recommend that Kansas… *fill existing gaps in essential public health services by creating a long-term, stable funding stream for local public health initiatives.* The state should evaluate capacity and identify gaps at the state and local levels using the ten essential public health services model. Gaps should be identified by considering health status variations across the state, the sparse population in western Kansas, the location of elderly, minorities, and other at-risk groups, and other special circumstances.

Goal 9: Increase Public Health Expenditures. We recommend that Kansas…*increase public health expenditures to approach the U.S. per capita average.* The U.S. average serves as an initial benchmark until data are available to better determine actual and projected demands on the state's health services system. This initial benchmark should be set at $5 per capita compared to the present level of $3. Ideally, per capita spending should be sufficient to achieve the state's health objectives (see **Goal 2**). Special consideration should be paid to increasing "sin taxes" and earmarking funds for public health and prevention.

Goal 10: Linking of Local Public Health Revenues. We recommend that Kansas…*stimulate broad resource reallocation by linking local public health revenues to those from tobacco settlement funds, Title XIX, Title XXI, and other government sources.* Given that public health and prevention is a shared responsibility and that only a finite amount of money can be applied to the health sector of the economy, a reallocation of resources to population-based prevention from personal health services warrants attention. There may be instances where funds earmarked for similar prevention programs in different agencies can be combined to achieve a greater impact. Ways must be identified to channel money from personal health services to population-based approaches, especially where prevention can reduce the demand for these services.

Goal 11: Fund Innovative Pilot Programs. We recommend that Kansas…*fund sustainable, innovative pilot programs designed to improve access to preventive services and basic health care for children, the elderly, and poorly served populations and to enhance working relationships between local public health agencies and other healthcare providers.*

Financing Goals:

Goal 8: Fill Gaps and Stabilize Funding.

Goal 9: Increase Public Health Expenditures.

Goal 10: Linking of Local Public Health Revenues.

Goal 11: Fund Innovative Pilot Programs.

Financing Goals:

Goal 12: Improve Local Agency Flexibility.

The numbers of uninsured and medically underserved in Kansas and across the U.S. continue to climb. These populations have become dependent on services provided by local health departments, indigent care clinics, community health centers, hospital emergency rooms, and other service agencies. There are ample opportunities to apply population-based prevention in these settings, to broaden health partnerships, and to encourage local citizen involvement.

Communities must be encouraged to create economic opportunities for the uninsured, make health insurance more affordable, medical care more accessible, and develop other means to stem the root causes of Kansans being without means to buy health insurance. Pilot initiatives like Wichita/Sedgwick County's *Project Access* must be encouraged, evaluated, modified where needed, and replicated. While the ranks of the uninsured continue to grow, sustainable pilot projects with inclusive, locally determined means to accomplish objectives must be encouraged across Kansas.

Goal 12: Improve Local Agency Flexibility. We recommend that Kansas…*streamline business processes to enhance local agency flexibility and to free up and pass through more resources to the local level.* This is what the *Turning Point* national program offices calls "administrative simplification." There are opportunities to enhance resource availability for local public health and improve agency responsiveness by applying successful, private-sector management practices to simplify budgeting and other administratively intensive processes. Federal and state agency business processes must be examined for efficiency and effectiveness to determine where administrative simplification is best applied.

Sources of Funding for Public Health. Developing a public health financing strategy must take into consideration multiple funding sources. Public health is hampered by not having banking relations and the ability to raise funds from tax-exempt debt like not-for-profit hospitals or capital like private enterprises. Potential funding may come from a combination of the following:

- "New" money (from special taxes, a general fund, grants, or fees),
- Reallocated resources from other organizations (personal health services, or other state and local agencies),
- Savings from consolidation, administrative simplification, or shared service agreements.

Sources of new or reallocated funds may include government (federal, state, and local), special districts, private sources (medical care, community trusts, foundations, pharmaceutical companies), and in-kind contributions from business (temporary staff, computer equipment, or professional services). Here are some suggestions for developing new sources of funds for public health:

Three strategies are listed for improving federal funding for state and local public health in Kansas.

Funds from the Federal Government – Three strategies are listed for improving federal funding for state and local public health in Kansas:

1. Work with federal agencies like the Centers for Disease Control and Prevention, the Health Care Financing Administration, the Health Services Resource Administration, and others to fund demonstration projects.
2. Execute memoranda of understanding between local health departments and state agencies (e.g., the Kansas Department of Social and Rehabilitation Services and the Water Office) for the provision of services paid for from federal funds. Programs could include substance abuse services, environmental health, prenatal care, immunizations, early and periodic screening, diagnostic and treatment services for children, and family planning.
3. Explore ways to support local public health initiatives using administrative funds from Medicaid and Medicare. Investigate how other states maximize Medicaid administrative dollars. Nebraska, for example, established a public health trust with Medicaid funds.

State Funds – Appoint an interim Legislative committee to explore state financing of public health. It may be possible to execute memoranda of understanding between state agencies to pool funds for common public health programs. Here are other possible approaches offered by task forces and testimony at Commission meetings:

1. Allocate more revenue from the State General Fund (SGF) to support public health initiatives. Allow for more flexible use of these funds. Earmark public health funds from solid waste tipping fees, laboratory improvement fees, and other sources for specified uses by public health agencies rather than allowing these funds to go into the SGF.
2. Earmark at least 50 percent of the funds from the tobacco settlement for local public health and disease prevention.
3. Establish dedicated fee funds from inspections or other public health services for essential public health services.
4. Use funds from the Kansas *Health Wave* children's health insurance program for "wrap-around" services provided by local health departments. (A specific demonstration initiative has been proposed by the Kansas Association of Local Health Departments.)

5. Increase the excise tax on cigarette and alcohol consumption or assess new taxes on insurance companies to generate dedicated tax revenues for local public health programs.
6. Take advantage of the state tax credit program for local community development initiatives.
7. Mandate a minimum dollar amount or a minimum level of public health services that county governments must provide locally. A *minimum* of 2 mills is suggested.
8. Encourage the use of money in the state's education system for the establishment of school health councils and support of school-based public health services.
9. Establish an incentive system rewarding local public health programs that meet or exceed specific outcomes-based performance indicators.

The Governor's Commission favors greater allocation of new funds to local health agencies in partnership with other local organizations.

New funds can improve essential public health services at the local level.

Local Public Health Funds – County governments have an opportunity to allocate more funds from the General Fund to local public health agencies now that the tax lid has been removed. Ideas for increasing local public health funding include:

1. Establish a policy to fund core public health functions independent of fee-for-service revenues from home health, Medicaid, or other personal health services.
2. Set a policy to allow local public health agencies to receive annual cost-of-living increases.
3. Allow "carry-over" funds, i.e., funds unexpended at the end of one fiscal year, to be deposited into a capital account and applied to future use by public health agencies.
4. Create local trust funds for community health improvement projects, population-based services, or indigent care.
5. Develop programs to attract funding from state or national foundations dedicated to health promotion and disease prevention.
6. Sell professional services to managed care companies for immunizations, disease screening, or prevention services or to local safety councils for worker safety and injury prevention.

Resource Allocation. The Governor's Commission favors greater allocation of new funds to local health agencies in partnership with other local organizations. New funds can improve essential public health services at the local level. Local partnerships and public health jurisdictions must be willing to comply with specific statewide standards in order to access additional funds. Here are some applications of funds we identified:

- Allocate a certain percentage of funds for (1) improved readiness to respond to emergencies, (2) current problems, and (3) being proactive and getting ahead of future problems.

- Try not to fund duplication. Allocate funds to a cluster of local organizations willing to share roles and accountabilities for population-based public health initiatives.
- Determine the feasibility of coordinating the allocation of federal and state grants regionally to reduce administrative duplication.
- Tie funding to specific outcomes like *Healthy People 2000* objectives. Allow additional funding for partnerships that meet or exceed performance expectations. These objectives could relate to reduced smoking rates, less alcohol consumption, or better screening programs.

Stable and enhanced funding for population-based public health services is essential for the long-term health and welfare of Kansans.

Benefits of Pursuing These Goals. Stable and enhanced funding for population-based public health services is *essential* for the long-term health and welfare of Kansans. These funds, if used effectively, will in the long run help reduce demand for preventable illness and expensive medical care. Adequate public health funding provides a level of readiness to respond to emergency outbreaks of communicable diseases, threats to the environment, and other harmful occurrences. Funding pilot projects is a cost-effective way to test different program options and reallocate funding. Administrative simplification improves morale and frees up resources for more effective use.

Chapter Five
Making the Vision a Reality: Effective Delivery and Network Development

The third recommendation of the Governor's Public Health Improvement Commission is for Kansas to…

> *Develop and enhance a statewide network for delivering professional education, workforce initiatives, communications, and health services.*

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This recommendation, as illustrated in **Figure 11**, complements the call for enhanced coordination among Kansas leaders (see Chapter Three) and a financing strategy (see Chapter Four). This chapter provides a set of detailed recommendations on design and construction of such a network.

The Commission recommends using established state, regional, and local agencies and staff to form a more explicitly defined public health network in Kansas. There are no shortages of facilities and providers. Instead, there is considerable overlap in the existing fragmented system and an uneven distribution of services for different groups. The Commission believes that the key is not *if* we should, but *how* we should connect all of the pieces together to provide Kansans with…

The key is not if we should, but how we should connect all of the pieces together.

- An optimal mix of preventive programs, primary care, and other social and medical services that root out the causes of disease and disability;
- A clearer understanding of how the missions and responsibilities of public health and other providers are unified, linked, or complement one another;
- A better means of communicating across the system, sharing resources, and coordinating services so that the public knows how and where to access *their* resources.

Promoting a More Clearly Defined Public Health System. Since federal attempts to reshape the U.S. health care system failed in the mid-1990's, numerous attempts have been made by providers to build integrated delivery systems – mostly with acute care, outpatient, and long term care services.

Few models mention public health as an integral part of the entire *health* system. Kindig advocates for integration across the public and private sectors using financial incentives to promote prevention.[41] Shortell recommends the formation of community health care management systems in which population-based public health plays a key role.[42] In recent years, Kansas has developed an EMS/Trauma System Plan, the Essential Access Community Hospital/Rural Primary Care Hospital (EACH/RPCH) program, and advocated for formation of community health organizations and public health/clinical medicine collaboration.[43,44]

The KDHE Division of Health strategic plan calls for a better-defined public health system. Goal 6, Objective 1 states, *"develop functional linkages to achieve effective coordination across and among the departments within KDHE and other departments and organizations with interest in public health."* The task force on Workforce and Education calls for a system to support shared professional services across geopolitical and organizational boundaries. The task force on Effective Public Health Organizations recommends better definition of public health roles and responsibilities at the state, regional, and local levels. This definition can lead to a more clearly defined network of public health services in Kansas.

We see an enhanced and more-explicitly defined public health system in Kansas emerging from existing assets. The following building blocks comprise this network:

- A prepared and empowered workforce supported by coordinated training opportunities,
- A modernized and integrated health information infrastructure,
- A coordinated and standardized set of services, and
- A means for promoting effective public communications and developing health partnerships.

We recommend the following six goals for Kansas:

Improve Public Health Education and Coordination of Training Opportunities. The Governor's Commission has identified the need to enhance staff competencies in public health and related topics with more unified, distance-based learning opportunities.

Goal 13: Establish Workforce Education Programs. We recommend that Kansas…*establish workforce education programs for basic public health, continuing education, and credentialing to broadly support the entire public health workforce.*

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Establish workforce education programs for basic public health, continuing education, and credentialing to broadly support the entire public health workforce.

Goal 14: Coordinate Public Health Training. We recommend that Kansas …*develop and coordinate delivery of public health training programs across educational institutions utilizing distance learning technologies.*

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Develop and coordinate delivery of public health training programs across educational institutions utilizing distance learning technologies.

Kansas in recent years has made positive strides to enhance educational opportunities for public health professionals. More workers at KDHE are trained in epidemiology, and the state's MPH program now has over 160 students, 60+ graduates, and over 25 faculty. Recognizing the need for additional progress, the KDHE Division of Health strategic plan calls for more coordinated training and technical assistance for local health departments and other organizations.

Tremendous demand for enhanced educational opportunities was expressed at Commission meetings, by task forces, and on visits to local health departments. We believe that better funding for and coordination of educational programs is needed to meet the demand for trained public health workers, especially in rural communities. There is an equally great need to reach out to all health care providers with courses in prevention and population-based public health. Some detailed recommendations are cited here:

Prospective Students – The list of Kansans interested in public health education is lengthy, with local health department administrators, public health nurses, and sanitarians at the top. State agency personnel (staff and senior management), local physicians, administrators in long term care facilities and hospitals, acute care nurses, and other human services staff are also candidates. Pharmacists have expressed a desire to enhance their role in health education. Medical consultants to local health departments need better exposure to public health literature. Rotation opportunities for teams of students (especially in medicine, nursing, and social work) should be encouraged to broaden students' exposure to public health and rural practice. County commissioners and municipal officials also need attention.

Faculty, Educational Resources, and Learning Locations – The Governor's Commission recommends greater flexibility and coordination in offering public health courses in Kansas. Recommendations include:

- Use distance-based learning technology (e.g., Internet and ITV), downlinks from the Centers for Disease Control, the 105 county presence of Kansas State University's Extension Service, and summer institutes.
- Integrate public health courses with or offer jointly with other degree programs and leadership institutes;

- Offer students a menu of courses integrated from Wichita State University, Pittsburg State's School of Nursing, Fort Hays State's College of Health and Life Sciences, the KU Department of Health Policy and Management, the medical school's Department of Preventive Medicine, and other related programs.
- Broaden use of the University of Kansas Medical Center's Area Health Education Centers and Primary Care Physician Education network sites for public health practitioners.
- Sponsor public health courses in nontraditional local settings like community health councils and community colleges.
- Eventually establish a free-standing school of public health to attract faculty and research funding.

The objective is to transcend institutional boundaries, get educators and students talking with each other, and have faculty comprised of both public health practitioners and academicians trained in population-based public health.

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Learning Strategies and Curriculum Development – An effective public health curriculum is challenging to develop because of the breadth of topics to be addressed. The American Public Health Association has identified seven competency areas for empowering the public health workforce: (1) visionary leadership; (2) communication; (3) information management; (4) assessment, planning and evaluation; (5) partnerships and collaboration, (6) systems thinking; and (7) promoting health and prevention.

We recommend the following ideas for public health curriculum development in Kansas:

1. Offer a core curriculum for all prospective students. Design programs with input from local enrollees (current and prospective) so that the topics and setting are conducive to participation. New public health administrators and nurses need learning materials to help in the transition from acute care settings to a population-based focus.
2. Develop programs to promote interdisciplinary communications, health partnership development, coalition building with community groups, group facilitation, and conflict resolution. Help local municipal and county leaders, physicians, and other professionals gain appreciation for the role of public health in community-building and the economic benefits of prevention. Emphasize the transition needed in workforce and service delivery so that effective community health improvements are made.
3. Create course options for specific technical competencies, both

introductory and advanced. These course options can be timed in conjunction with the introduction of new programs, software, or data to local workers.

4. Offer information and facilitation in cultural sensitivity, overcoming language and cultural barriers, and understanding of issues and pressures in competing health professions.
5. Build public health into the continuing education curriculum for health practitioners and explore a masters-track public health program at the state's schools of nursing emphasizing community health improvement and family practice.

Recommendations for public health curriculum development in Kansas are listed.

Other specific recommendations include the following:

- Create a Community Health Orientation and Training Program for local health officers and senior managers in state health agencies to improve knowledge and skills.
- Work with local health departments in designing and implementing a public health certification program for administrators. Formulate a strategy for getting all local health department administrators certified within five years.
- Reactivate and market an executive-formatted MPH program. The program could be Internet-based, and taught in Topeka, northeast Kansas, and other areas. Model the program after the nationally ranked Masters of Public Administration program at the University of Kansas.
- Create a non-academic executive-formatted public health program that leads to certification for nurses, sanitarians, and health educators. Use faculty from academia and local practitioners, similar to University of Kansas Capitol Center's CPM program model. Offer a multi-disciplinary component with specific technical tracks.
- Support the recruitment of minority personnel into the public health workforce and related leadership positions. Develop ways to increase cultural competencies among agency staff and institutional providers.
- Encourage use of multidisciplinary teams to go into schools and other settings to talk about violence, teen pregnancy, and other community health improvement objectives.

Technical and Administrative Issues – We recommend additional

concentration on these three issues:

1. Licensure and Credentialing – A range of opinions was noted on the topic of credentialing. Opinions ranged from "*we need to be free to perform our duties*," "*it's inevitable, so get prepared for it*," to "*credentials are needed to ensure that the scientific base of public health is adequately understood and practiced.*" We recommend review and adoption of the *Healthy People 2010* skilled workforce and continuing education objectives. Kansas must take active steps in drafting guidelines that (1) assure consistent practice across the state, (2) guide performance evaluation, and (3) identify which competencies need to be developed in health professions.

2. Workforce Data – Given inadequacies in the way that public health occupations are classified in Kansas, and in the absence of good staffing and salary data, the Commission recommends adoption of the Bureau of Labor Statistics Standard Occupational Classification System for public health workers. Further, a means of projecting where public health workers will be needed must be developed, similar to the Physician Workforce Projection Model used by University of Kansas Medical Center. More consistent salary information is essential to determine compensation and set incentives for attracting skilled workers.

3. Faculty Incentives – Public health education will be ineffective without engaged faculty. Promotion and funding must be structured as incentives for faculty to *want* to reach out into the Kansas public health community. Once there, academic public health must be made to feel welcome in the local professional community.

Set Service Standards and Promote Networked Delivery. The Governor's Commission sees the need for a more explicitly defined public health system in Kansas. The system must have clear standards of service, a strong health information system, and more effective coordination of care among public health agencies, health care providers, and other community organizations. We recommend two goals in this regard:

Goal 15: Proactively Set Standards and Guidelines. We recommend that Kansas …*proactively set standards and guidelines for evaluating state and local public health functions, services, and performance*.

Goal 16: Develop Strong Information Technology and a Service

Goal 15: Proactively Set Standards and Guidelines:

Proactively set standards and guidelines for evaluating state and local public health functions, services, and performance.

Delivery Network. We recommend that Kansas …*design and develop a strong regional information technology infrastructure for distributing network programs and services, technical assistance, and providing multiple opportunities for accessing coordinated services, information resources, and expertise.*

Goal 16: Develop Strong Information Technology and a Service Delivery Network:

Design and develop a strong regional information technology infrastructure for distributing network programs and services, technical assistance, and providing multiple opportunities for accessing coordinated services, information resources, and expertise.

The Governor's Commission recognizes that delivery of population-based programs, personal health care, and other social services across Kansas is based on a complex system and set of relationships. It concurs with the KDHE Division of Health's strategic plan that public health improvement requires improved inter-agency coordination, functional integration, and expanded electronic disease reporting systems. The Commission feels that a blueprint for enhanced public health delivery doesn't abandon the current system but builds on the strengths of existing state and local public health agencies. The Commission recommends the following steps to begin relieving current stresses on local agencies:

Develop Service Standards for Local Health Departments – Performance evaluation, problem identification, and partnership formation will be less effective without strong units of service at the local level and clear guidelines for operations. Kansas should support efforts by the Kansas Association of Local Health Departments to develop standards. Funding and continued dialogue are needed for implementation of these standards.

Inventory Existing Organizational Assets and Initiatives – An inventory of existing state, regional, and local resources that are being applied to public health purposes should be conducted. All existing programs and initiatives can be placed "on the table" to determine how to better link and coordinate services. Through this process, duplication of administrative systems that tie up resources can be identified.

Modernize Current Public Health Information Systems in Kansas. The planning objectives depend on effective health information systems. The task forces on Integrated Information Systems, Workforce and Education, Health Status, and Linkages and Partnerships contributed to the following health data and systems recommendations:

1. Develop an integrated, comprehensive information management system as the foundation for public health assessment, policy development, and service delivery. This system should include:

- Modernized hardware for networking among multiple sites, updated software (including e-mail and Internet access), and shared applications (customized where possible);
- A single database of names and addresses to promote

communications, data collection and information delivery. The database would have common data definitions, comparable CHAP data, benchmark figures, and standardized approaches for collecting and reporting data;
- Ties to appropriate training and technical assistance; and
- Data specific to populations at risk including the disabled, women, children, elderly, mentally ill, underserved, minority, immigrants, and Native Americans.

It is important to identify barriers prohibiting timely data collection and completion of processes like community health assessments (CHAPs).

Given these attributes, the Governor's Commission encourages systems integration in Kansas with continued attention to KIPHS installation in more local health departments. KIPHS appears to provide a soundly designed, open architecture for statewide data integration. It seems able to replace outdated technology, especially in smaller health departments – technology that is largely being abandoned and in need of replacement. The three-year KIPHS implementation plan facilitates adoption of standards, allows thinly spread expertise to concentrate on one production environment, and provides health departments with a low-cost entry point to modernize their health information technology.

2. Create linkages with databases from relevant state and national sources such as: the Kansas Department of Social and Rehabilitation Services, the Women, Infants, and Children (WIC) program, the U.S. Health Care Financing Administration, the National Center for Health Statistics, the Centers for Disease Control and Prevention, the American Hospital Association annual survey, vital statistics, and data on elderly, professional licensure, staffing, and outpatient care. The Health Plan Employer Data and Information Set (HEDIS) is also vital because its latest version (Version 3.0) contains comparative data on cervical cancer screening, prenatal care, diabetic retinal exams, cholesterol management, well child visits, and similar population-based indicators.

3. Improve networks and computer applications supporting disease surveillance and cancer registry data. A KDHE epidemiologist identified five key health data systems for Kansas: vital statistics, the cancer registry, behavioral risk data, reportable diseases, and hospital data.[45] In order to link these systems, we will have to connect new health information systems with "legacy" systems. We will have to develop common data definitions for all pertinent automated systems, hopefully under guidance from the Health Care Data Governing Board. It is important to identify barriers prohibiting timely data collection and completion of processes like community health assessments (CHAPs). The recently acquired Bioterrorism Preparedness grant will improve disease surveillance systems for health agencies in Kansas.

4. Support the use of Geographic Information System technology to enhance

surveillance systems that support environmental health policy decision-making and environmental health programs.

Four strategies are offered here to promote statewide network development.

State, Regional, and Local Linkages for Network Development. Developing statewide surveillance systems, publishing relevant information, and conducting sound performance evaluation require good working relations at state, regional, and local levels. The Governor's Commission recommends the development of strategies to better use resources on a regional basis. Stronger support for regionalization is evident in areas of the state where populations are small and funding for local public health is minimal. Leaders in these areas have banded together and have requested better technical assistance and support from state agencies.

Four strategies are offered here to promote statewide network development:

1. State Level – Decentralize state agencies where possible to improve their responsiveness and increase their local presence. Other options include combining certain functions of state entities or better coordinating their service delivery.
2. Local Level – Encourage cooperative work at the local level through shared services agreements. There is strong sentiment at the local level in Kansas to preserve and enhance the local presence. It may also be possible in some areas to build community benefit corporations by combining local health providers.
3. Regional Level – Use existing regional structures to improve service. Some examples include the Kansas Department of Social and Rehabilitation Services regional prevention centers, the Area Health Education Centers, the Primary Care Physician Education sites, area agencies on aging, and the KSU Extension Service's presence in 105 Kansas counties. It may be possible through cooperative agreements to combine or better coordinate these public health administrative functions on a regional basis.
4. Enhanced Communications – Glue together these separate state, local, and regional "layers" into a network structure by enhancing communications among participating agencies (See **Figure 12**).

Effective network development must consider the following factors:

- Governance – Given the unique geography of Kansas, several regional advisory boards should be tied to the Public Health Policy and Planning Forum. Groups of counties could form a cooperative, or a separate not-for-profit entity to provide data-related services, health promotion, and technical assistance. Counties needing certain services could contract for public health services with a private contractor (e.g., a planning agency or a regional clinical network). A group of counties could even consider dissolving their local health departments to form a regional public health department, either independently or as a part of a regional clinical network.
- Regional Lines – There are multiple health-related regions across Kansas. KDHE, SRS, the Area Health Education Centers, the state trauma system, water districts, and other agencies have one or more regionally based service areas. It was suggested that judicial districts serve as a common denominator since they are harder to change. Other factors to consider relate to constructing regions as hub-and-spoke models centered around urban areas, or solely as a group of rural counties. A population of 50,000 or more residents is considered by some to be a minimum size for an effective public health delivery system.
- Incentives and Standards – Enhanced funding should be based on a system of rewards for local public health agencies that achieve predetermined levels of performance and health outcomes in their area.
- Service Delivery – Some services are best offered by local agencies while other services may only be affordable by regionally based organizations or state agencies. Disease surveillance and investigation, finance and budgeting, grant writing, planning, and information systems management may be candidates for regional cooperation. Technical assistance should come from state agencies and medical centers. Local competencies include hands-on services like immunizations and implementation of certain population-based programs.

We recognize the need to improve communications among decision-makers, as well as with the Legislature, public media, and the general public.

Improve Communications Internally and with the Public. The Governor's Commission has followed the *Turning Point* philosophy by incorporating a broad set of stakeholders in our assessment and planning processes. Surfacing repeatedly during meetings was the need to improve communications between a very diverse group of stakeholders. We recognize the need to improve communications among decision-makers, as well as with the Legislature, public media, and the general public. In this regard, we recommend the following goals:

Goal 17: Improve Internal Communications About Unified Service

Delivery. We recommend that Kansas …*facilitate the development of a more effective forum for communications, decision-making, and more unified delivery of health services, education, and research among state, regional, and local public health providers.*

Goal 18: Improve Public Communications and Media Ties. We recommend that Kansas …*enhance working relations at all levels of the system by improving public communications on health initiatives and strengthening ties with mass media.*

Open communications and an attitude of inclusiveness are the glue holding public health together. Decision-makers in health professions, public officials, the media, community leaders, and the public need to be better tied together with consistent flows of information on public health and disease prevention. The KDHE Division of Health strategic plan recognized this in several of its goal statements: "c*ommunicate to the general public, the public health community, elected officials, and others the mission, goals, and services of KDH, and the role of governmental public health in protecting the public's health,"* and *"foster and mobilize private/public community partnerships to identify preventive strategies and implement solutions to the Public Health Priority Problems"* (see **Appendix 3**). Task forces convened by the Commission made similar recommendations reflected in the following points.

Improve Communications Among Decision-Makers – Given the vast array of public health initiatives in so many different state, local, public, and private organizations, strategies are needed to broaden communications tying all of this work together. Efforts are needed to:

- Strengthen State Agency Public Affairs Functions – Use agency public affairs offices to facilitate the transmission of information on change initiatives from one unit or agency to another and to strengthen the continuity and quality of relations between state and local health departments.
- Hold Periodic Summits on Health Affairs – Convene broad groups of agency staff and managers to focus on developing health status data, promoting information sharing, and joint decision-making.
- Improve Interaction Using Communications Technology – Use televideo and teleconferencing to strengthen communications between agencies. Transmit updates via weekly breakfast conference calls. Convene leaders around mutual concerns using the Internet, e-mail, and dedicated on-line discussion groups. Use the *Turning Point* on-line documentation and change tracking tool to inform leaders of progress on implementation initiatives.
- Incorporate Non-Traditional Partners at the Table Employing "Strategic

Goal 17: Improve Internal Communications About Unified Service Delivery:

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Goal 18: Improve Public Communications and Media Ties:

Enhance working relations at all levels of the system by improving public communications on health initiatives and strengthening ties with mass media.

Inclusion" – Adopt the U.S. Surgeon General's new program on cultural diversity by reaching out and inviting minority community leaders to participate in health partnerships and public health decision-making. This should occur at state and local levels. Recognizing that *our differences are our strengths*, form "cross-sector" working groups to improve relations with indigent care clinics, community support groups, and health care providers. Form significant interest groups and district teams to discuss, initiate, and evaluate progress toward meeting health objectives.

- Use Formal Group Facilitation and Conflict Resolution Techniques– Improve working relations among decision-makers by using facilitators to move group processes along more effectively and rapidly. Engage experts from the mediation and arbitration community to design and use a conflict resolution systems to promote better ties between local health officials, public officials, physician leaders, and hospital administrators.

Enhance Ties with the Mass Media and Public – Public health workers understand that one of the keys to improved health lies in an informed public. A statewide public education campaign would go a long way to build support for public health. The following strategies will improve public awareness on health and on the importance of the public health system:

- Circulate More Information Products to the Public – Publish an inventory of public health resources and inform the public about accessing and effectively using these resources. Provide data and information to the public in a usable fashion to help alter personal behavior and health practices. Provide periodic progress reports on ground gained or lost in addressing state and local health improvement priorities.
- Maintain More Consistent Relations with Public Media – Disseminate educational materials, information products, and other news items to the media. Meet with editors, writers, and other media representatives on a regular basis so that they are familiar with public health leaders, priorities, and programs.
- Conduct Periodic Outreach with Key Community Groups – Establish and maintain regular links with local social groups and faith communities. Hold public forums in churches, at community centers, and in people's homes. Make presentations to the Lions Club and other similar groups. Promote environmental education and health education in each school curriculum. Address health concerns with local business in their terms – absenteeism, productivity, behavioral risk factors, and high risk conditions.
- Demonstrate Cultural Sensitivity Among Minority Populations – Improve citizen awareness of health issues by increasing non-English public service announcements written in a manner that connects with local

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audiences. Work actively with community-based organizations to identify individuals' barriers to access and points of resistance to effective service use. Find ways to involve local minority leaders in decisions related to resource allocation and effective delivery of services.

- Appoint Lay Health Advisors, Panels, and Conduct Community Asset Mapping – Mobilize local residents more effectively to help achieve local health objectives. Train and appoint "lay health advisors," and "community specialists" for outreach. Convene panels of local citizens and community leaders to improve participation in health partnerships. Inventory assets and strengths in local communities to improve self-reliance in addressing health and social problems.

A more explicitly defined public health system in Kansas will strengthen state and local agencies' capacity to deliver appropriate population-based and personal health services to persons in need.

The ideal system would have multiple points of access, a clearer set of evolving roles and responsibilities, and a better basis for coordinating care for Kansans.

Benefits of Pursuing These Goals. A more explicitly defined public health system in Kansas will strengthen state and local agencies' capacity to deliver appropriate population-based and personal health services to persons in need. The ideal system would have multiple points of access, a clearer set of evolving roles and responsibilities, and a better basis for coordinating care for Kansans. Service standards would promote inter-agency dialogue and enable better performance evaluation. Responsiveness of state agencies would be improved and the capacity of local health departments would be enhanced because of more effective and efficient use of local resources on a cooperative regional basis. Surveillance capabilities would be built on sound technology. The clinical care sector would be more supportive given clearer linkages with population-based agencies. Existing resources would be better utilized and fit together in a more functionally integrated system. Educational programs would be more available and relevant to local needs.

Improved communications is essential to building a better system and fostering cooperation among health decision-makers. A forum for communications and decision-making can facilitate more unified delivery of services, educational programs, and research among state, regional, and local public health organizations. A network can enhance working relations at all levels of the system. Stronger ties with the public media are also needed to raise public health awareness in Kansas. Prominent messages conveyed in an understandable way through the public media are critical to improving our population's health.

Chapter Six
Implementing Public Health Systems Change

The voices and sentiments of many Kansas leaders have been incorporated into this public health improvement plan. The Commission has attempted to clearly state what needs to be done to strengthen public health in Kansas. The vision of an enhanced health services system requires local health departments to transition from dependence on personal health services to population-based prevention. Effective partnerships with the private sector are needed to assure appropriate care for the needy and underserved.

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Effective partnerships with the private sector are needed to assure appropriate care for the needy and underserved.

Implementing the changes recommended here requires a commitment – commitment in terms of dedicated resources, continued dialogue among responsible leaders, and a shared vision of a strong public health system in Kansas. Synchronizing *systems* change will require all parties to move away from their separate perspectives and consider themselves part of a broader picture of health (see **Figure 13**). In the words of one local health department administrator, *"only when we begin partnering and reaching out do we really do public health. Public health is bigger than any one of us. There's plenty of room at the table."*

State and local government-funded public health agencies are key vehicles for moving forward. State agencies need to be responsive to local needs. Local health departments, health care providers, and community support groups need to cooperate with one another, share resources, and target services to the general public and special populations-at-risk. We all need to listen and sensitize ourselves to our population's state of well-being and susceptibility to illness. We need to set standards of excellence and begin making incremental progress toward these milestones. We need to empower local public health stakeholders and provide sufficient resources for them to perform their duties better.

Over the last two years, public health improvement in Kansas was designed to be a strategic development process – the beginning of a positive transformation and a coming together to care for our state's population under one umbrella. We noted an underlying enthusiasm among public health leaders and members of minority groups during our work.

We saw committed leaders who really want to *apply* prevention and do more screenings, touch more people's lives, and improve the health of Kansans. There is a strong consensus to move forward, and work as a broad mosaic of talented participants and engage in a fundamental system redesign. We saw an appreciation for prevention and a commitment to population-based thinking to improve health in our communities.

We will face challenges in coming years. How can we stretch resources to meet current demands and maintain a state of readiness to respond to emergencies? How can we do our jobs and simultaneously begin rebuilding and strengthening the existing system? How will we maintain optimism, lay a solid foundation, and innovate to meet the next century's challenges? This is a metamorphosis – breaking out of an old shell and assuming a new paradigm of care. As illustrated in **Figure 1**, we believe that public health offers the foundation needed for an effective health system in Kansas.

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How will we maintain optimism, lay a solid foundation, and innovate to meet the next century's challenges?

Some sense of urgency is needed to reform the present system and pursue the Commission's three recommendations and underlying goal statements. Public health in America has steadily been losing its ability to exert population-based leverage on health. One group of public health leaders stated, "*the support for indigent medical care has exacted a huge toll in lost opportunities for preventing morbidity and mortality in vulnerable populations and for promoting optimum health conditions for the entire community.*"[46] A sense of urgency is needed because the economic burden of preventable conditions is levying a heavy toll.

Delaying change has tremendous personal, economic, and social costs for all of us. As stated by the Office of Disease Prevention and Health Promotion, Core Functions Project Steering Group:

> *"Prevention is important for humane reasons – to avoid suffering and premature death. It is also important as an alternative to costly diagnostic and treatment interventions. Costs of over $110 billion have been attributed to alcohol and drug abuse, and $65 billion to smoking. Estimates of the dollar levels of the health care burden by specific problems which are preventable include $100 billion annually resulting from injuries, $70 billion from cancer, and $135 billion from cardiovascular disease."*[47]

Perhaps most important of all, we can't let pessimism dampen our resolve

and cynical attitudes impede our transformational process. Political will is critical to accomplish these recommendations. A constructive approach will be needed to maintain the good will and resolve of the Governor's Commission. While opinion may be mixed on the nature of the recommendations, it will be important not to destroy the momentum, vision, and design work recommended here. Two quotes from our stakeholders illustrate our resolve and close our argument to work together:

> *"I was excited and pleased to see these goals written down. I can see that we have a great deal of work to do. The largest task will be to get people in public health together to pool resources to fund the goals as they are written in these preceding pages, but I believe it is important, necessary, and possible."* — Local health department administrator

> *"This may all end up to be primarily state paper-pushing and bureaucracy-creating without doing a lot to involve local at-risk populations in the formulation and evaluation of policy or delivery of services. The key remains how to improve the health of all Kansans, particularly those poorly served at present. That effort will fail unless the people most at-risk or their caregivers have real voice in the process."* — Minority group leader

Perhaps most important of all, we can't let pessimism dampen our resolve and cynical attitudes impede our transformational process.

Political will is critical to accomplish these recommendations.

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APPENDIX 1
EXCERPTS FROM *TURNING POINT* CALL FOR LETTERS OF INTENT

The goal of this program is to transform and strengthen the public health infrastructure in the United States so that states and local public health jurisdictions may respond to the challenge to protect and improve the public's health in the 21st Century. The expected outcome will be the development of strategic plans for implementation by states and local communities – plans that provide viable and concrete courses of action for the modernization and pursuit of public health mission. This program will assist states to redefine the relationship between the clinical health care and public health systems, and strengthen the ongoing partnership between them for improving the public's health. It will also enable teams of key players at the local level to bring public health principles and approaches to the reshaping of local health systems. Local partnerships are expected to work closely with their state counterparts in plan development and implementation. In addition, commitment of resources (financial and in-kind) by members of the local and state partnerships will be essential for the development and implementation of the plans.

This new grant program will provide support for state and local communities to improve the performance of their public health functions through strategic development and implementation processes. These efforts should draw upon the strengths of these partnerships and involve key public and private sector partners and the community. At both the state and local levels, these processes will include: planning to address public health challenges; restructuring public health agencies where appropriate; evaluating the use of technology; analyzing financial and human resources needed; and implementing local plans as directed by local and state priorities.

A successful transformation of the public health system will require new approaches. It will require new skills for leaders and practitioners in public health and medical care, as well as other relevant sectors. Without mechanisms for key public and private sectors – including providers, purchasers, payers, and consumers – to come together around a common agenda, our health care, environmental protection, and overall public health systems will fall short of their potential to meet the needs of the total community.

APPENDIX 2
PUBLIC HEALTH IN AMERICA

VISION:
Healthy People in Healthy Communities
MISSION:
Promote Physical and Mental Health and
Prevent Disease, Injury, and Disability

Public Health

Prevents epidemics and the spread of disease
Protects against environmental hazards
Prevents injuries
Promotes and encourages healthy behaviors
Responds to disasters and assists communities in recovery
Assures the quality and accessibility of health services

Essential Public Health Services

- *Monitor health status to identify community health problems,*
- *Diagnose and investigate health problems and health hazards in the community,*
- *Enforce laws and regulations that protect health and ensure safety,*
- *Inform, educate, and empower people about health issues,*
- *Mobilize community partnerships to identify and solve health problems,*
- *Link people to needed personal health services and assuring the provision of health care when otherwise unavailable,*
- *Evaluate effectiveness, accessibility, and quality of personal and population-based health services*
- *Assure a competent public health and personal health care work force,*
- *Develop policies and plans that support individual and community health efforts,*
- *Research for new insights and innovative solutions to health problems.*

Source: Essential Public Health Services Work Group of the Public Health Functions Steering Committee
Membership: American Public Health Association
Association of State and Territorial Health Officials
National Association of County and City Health Officials
Institute of Medicine, National Academy of Sciences
Association of Schools of Public Health
Public Health Foundation
National Association of State Alcohol and Drug Abuse Directors
National Association of State Mental Health Program Directors
U.S. Public Health Service
Centers for Disease Control and Prevention
Health Resources and Services Administration
Office of the Assistant Secretary for Health
Substance Abuse and Mental Health Services Administration
Agency for Health Care Policy and Research
Indian Health Service
Food and Drug Administration
National Institutes of Health Fall 1994

APPENDIX 3
GOALS AND OBJECTIVES FROM 1997 *KANSAS DIVISION OF HEALTH STRATEGIC PLAN: A TIME FOR ACTION*

GOAL ONE: Provide effective public health leadership in Kansas.

Objective 1: Communicate to the general public, the public health community, elected officials, and others the mission, goals, and services of KDH, and the role of governmental public health in protecting the public's health.
Objective 2: Work collaboratively with partners to identify and implement strategies for the development of a PHIP for Kansas by January 2000.
Objective 3: Adopt a strategic planning process by July 1997.
Objective 4: Review existing public health statutes and policies and identify gaps, based on public health priorities and core state and local governmental public health functions by January 1998.

GOAL TWO: Participate in the development and dissemination of data and information capacity for assessment, policy analysis, and program decision-making at all levels.

Objective 1: Strengthen understanding of and capacity for outcomes-based evaluation systems for KDH programs and among KDHE staff and local health departments by February 1998.
Objective 2: Coordinate training and technical assessment on program evaluation for local health departments and other organizations by February 1998.
Objective 3: Expand the electronic reporting system for disease reporting from local health departments to the epidemiology unit by October 1997.
Objective 4: Increase KDH infrastructure and enhance resources for epidemiologic capacity in institutionalizing the Office for Epidemiologic Services within the Division by January 1998.
Objective 5: Achieve intra- and inter-agency coordination, utility, access, and dissemination of policy-relevant public health data by January 1998.

GOAL THREE: Focus on preventive (to include primary, secondary, and tertiary prevention measures) public health issues to systematically attack the underlying causes of disease or hazardous conditions and to ensure safe and healthy conditions.

Objective 1: Identify and promote development and implementation of community-based effective prevention strategies for each *Healthy Kansas 2000* priority area with emphasis on primary prevention where possible by December 1997.
Objective 2: Measure the impact of prevention programs to determine improvement in health status, and knowledge of risk behaviors as a determinant of ill health by January 2000.
Objective 3: Define and promote prevention in terms of its impact on the general population by June 1998.

APPENDIX 3 (Continued)
GOAL FOUR: Assure resources for core public health functions.

Objective 1: Conduct program review (identification, analysis, and prioritization) of core pubic health functions by June 1998.
Objective 2: Develop efforts to secure adequate, stable resources to support core public health functions by February 2000.

GOAL FIVE: Strengthen the relationship between KDH and local health departments to assure an effective, community-based public health system.

Objective 1: Support local efforts to coordinate approaches and obtain adequate resources to improve local public health delivery systems.
Objective 2: Improve communications within the public health system by June 1998.

GOAL SIX: Foster and mobilize private/public community partnerships to identify preventive strategies and implement solutions to the Public Health Priority Problems.

Objective 1: Develop functional linkages to achieve effective coordination across and among the departments within KDHE and other departments and organizations with interest in public health by December 1997.
Objective 2: Foster the development of community partnerships in identifying priority health problems and developing interventions based on priorities by June 1998.

GOAL SEVEN: Assure that essential health service are available.

Objective 1: Identify “essential services” for Kansas by December 1997.
Objective 2: Identify and monitor gaps in health status and assessment.
Objective 3: Set priorities and estimate goals to address gaps.
Objective 4: Foster collaboration among KDHE programs, medical communities on health assessment and service issues.

APPENDIX 4
SUMMARY OF RECOMMENDATIONS MADE BY TASK FORCES TO GOVERNOR'S PUBLIC HEALTH IMPROVEMENT COMMISSION, 1999

TASK FORCE ON EFFECTIVE PUBLIC HEALTH ORGANIZATIONS

1. Create a statutory base for public health in Kansas that provides a comprehensive foundation for the mission, structure, responsibilities, and funding at the state and local levels.

2. Identify public health roles and responsibilities at the state, regional, and local levels.

3. Identify dedicated funding to adequately maintain basic system functions and service access.

4. Create state and local Boards of Health to provide expertise for policy development and offer continuity of public health policy across changes in administration.

5. Develop integrated, comprehensive information management systems that serve as the foundation to support public health activities and service delivery.

6. Develop a method of measuring accountability that includes monitoring improvement in health outcomes and development of best practices.

TASK FORCE ON HEALTH STATUS

1. Develop a minimum set of health status indicators.

2. Support and enhance the role of the Health Care Data Governing Board.

3. Make data and information available, accessible, and usable by communities.

TASK FORCE ON ENVIRONMENT

1. Endorsement and enforcement of a strict statewide clean indoor air act for public places is needed.

2. Standards need to be adopted for water quality for recreational waters.

3. Adequate protection of surface and groundwater is needed from chemical and biological contamination.

APPENDIX 4 (Continued)
TASK FORCE ON ENVIRONMENT (Continued)

4. A standard statewide code and enforcement should be considered for septic system and sewage codes.

5. A plan must be developed and implemented to address aging and deteriorating drinking water treatment and wastewater treatment facilities, and the distribution or collection systems associated with them.

6. Fluoridation should be required in all public drinking water supplies where naturally occurring fluoride levels are less than 1 ppm.

7. A program to regulate/control groundwater usage, with an emphasis on conservation and sustainability, must be developed (e.g., The Ogallala aquifer).

8. Kansas should meet the FDA 1997 Model Food Code.

9. Investigate mechanisms for promoting and facilitating recycling of resources.

10. KDHE should be retained as the primary agency for environmental health.

11. Kansas needs to fully develop and implement a comprehensive lead poisoning prevention program.

12. Kansas needs to have a comprehensive public health data/surveillance system, including a geographic information system, to support environmental health policy decisions and to support development of and changes in environmental health programs.

13. A licensing program for registered sanitarians needs to be established.

14. Environmental education should be included as part of the curriculum in elementary and secondary schools.

15. Regulatory guidelines for sanitation and safety in institutional facilities (e.g., child-care, schools, hospitals, nursing homes, and correctional facilities) should be reviewed and re-evaluated in the context of national standards or norms.

16. Environmental impact statements need to be required prior to development in major urban areas in order to limit uncontrolled urban sprawl.

17. The current activity of consensus-building and recommendations on environmental needs and programs should be continued annually with private interests, civic groups, environmental groups, natural resource groups, universities, and government agencies represented.

APPENDIX 4 (Continued)
TASK FORCE ON FINANCE

1. Review opportunities offered by the Tobacco Settlement Funds for public health financing.

2. Increase the state funding for public health to a minimum of at least $5.00 per capita.

3. Exempt local health departments from the tax lid law (KSA 79-5021).

4. A standardized approach should be developed by KDHE and KALHD for the collection and reporting of expenditure information.

5. Review opportunities for leveraging increased Medicaid administrative dollars for funding health promotion programs.

6. Develop and institutionalize a process to review and address fiscal impacts of new policies and programs on public health funding.

TASK FORCE ON WORKFORCE AND EDUCATION

1. Assure universal competencies for the public health workforce through credentialing mechanisms for workers and accreditation of local health departments.

2. Strengthen academic public health and continuing education programs.

3. Promote and support training through distance learning technology.

4. Standardize classification of the public health workforce based on the Federal Occupational Classification (SOC) System.

5. Create a system to support shared professional services across geopolitical and organization boundaries.

6. Create a State Board of Health.

7. Support the recruitment of minority populations into the public health workforce.

8. Identify funding to support a competent public health workforce.

APPENDIX 4 (Continued)
TASK FORCE ON INTEGRATED INFORMATION SYSTEMS

1. Establish basic e-mail capability and provide training for staff and system users.

2. Create a supportive technology network and applications for surveillance and registry information.

3. Assess the need for an integrated financial software package to manage the revenue and funding patterns of direct patient care delivered by public health. This recommendation is predicated upon the decision to continue to deliver primary care services within the public health arena in Kansas.

4. Small and medium networks should be established where appropriate. The construction of small networks for health departments with less-than five computers to connect is a relatively low-cost endeavor and requires minimal effort and maintenance. Each physical location must be surveyed and assessed to establish the proper network size required as networks larger than 3-5 computers are more costly and need more elaborate technical support.

5. Training should be conducted at the same time any networks are constructed and as early as possible during the course of implementing or developing software to ensure input from system users is gained at critical junctures when modifications to the network or software is least costly.

6. Connecting new systems and interconnecting current legacy systems in health departments and between agencies (such as KDHE and SRS) is of critical concern to this Task Force. There is currently software capable of efficiently and effectively connecting new and current software operating systems. This new "bridge" is called middleware. The Task Force recommends that the state formally assess the viability of employing this software in the public health arena.

7. An integrated public health information system for Kansas should not be dependent upon a single software package. Data element standards may be developed for all automated systems so that information can be forwarded in an acceptable format to state agencies. SRS has had some success in setting standards which do not rely upon a particular software.

APPENDIX 4 (Continued)
TASK FORCE ON STATUTES

1. Increase statutory authority to deal with:
* Non-infectious diseases, trauma, and environmental hazards;
* Operation of programs in the area of prevention and intervention of domestic and sexual abuse, abuse to confined persons, dependent adults, and children;
* Prevention and intervention regarding drug and alcohol abuse with the largest area of concern being drug and alcohol abuse by pregnant women;
* Access to information from health care providers;
* Child care, food service and lodging establishment licensing;
* Quarantine and isolation for environmental hazards;
* Definition of roles and responsibilities at the state and local levels;
* Reporting by self-insured health plans and employer based health plans; and
* Reporting of e-codes;

2. Statutes need to be changed to allow the use of vital statistics data to conduct investigation of occurrence of apparent disease clusters.

3. The law (KSA 65-202) that requires county health officers to inspect schools needs to be repealed.

TASK FORCE ON LINKAGES AND PARTNERSHIPS

1. Convene focus groups with representatives from communities identified in the Partnerships and Linkages Survey to determine why partners join and remain active in public health coalitions and partnerships.

2. Provide funding and training to strengthen communication technology in community health agencies and their partners to enhance linkages and partnerships.

3. Develop and implement a statewide public education campaign to build support for public health core functions.

4. Evaluate the process to identify barriers that prohibit the completion of CHAPs.

APPENDIX 5
SUMMARY OF RECOMMENDATIONS FROM OUTREACH TO MINORITY AND SOVEREIGN NATION LEADERSHIP IN KANSAS

Summary Report of Public Health Forums
On Engaging Minority Participants in the Kansas Public Health Improvement Process

Submitted to the
Governor's Public Health Improvement Commission
November 19, 1999

Dr. Rhonda K. Lewis, Wichita State University
Arneatha Martin, Center for Health and Wellness, Wichita
William G. Mayfield, Office of Minority Health, PHS, US Health & Human Services, Kansas City, MO

Engaging Minority Participants in the Kansas Public Health Improvement Process: Using the Public Forum as a Vehicle

Background

The Governor appointed nine leaders from the fields of health, education, and business from around the State of Kansas to serve on *The Governor's Public Health Improvement Commission.* The Commission's charge was to assess the Kansas public health infrastructure and develop a plan for public health improvement. The Kansas study was part of a national project funded by the Robert Wood Johnson and W.K. Kellogg Foundations. The Kansas Health Foundation also supported the Kansas study. The national project is known as *Turning Point* and has 21 states and numerous local health partnerships around the country engaged in similar public health improvement initiatives as the Kansas Commission. The goal of *Turning Point* is to transform and strengthen the public health infrastructure in the United States to prepare states and local communities to meet the challenges of protecting and improving the public's health in the 21st Century.

The Commission formed eight task forces to conduct an assessment of the Kansas public health infrastructure and make recommendations for improvements. The task forces studied health status, public health finance, the public health infrastructure, public health statutes, linkages and partnerships among public health providers, information technology, public health workforce and education, and environmental concerns. The recommendations from the task forces were used to provide guidance in the development of a plan for a comprehensive coordinated statewide public health service delivery system.

The Commission identified over 150 organizations as potential partners to be engaged in the work of the task forces. Three of those organizations could be considered as representatives of minority groups. None of those three organizations was an active participant on the task forces. The health status of the targeted minority groups in Kansas makes a compelling case for minority participation in improving health systems.

The Commission, as well as the task forces, lacked sufficient representation from populations targeted by the U.S. Surgeon General's Initiative to Eliminate Health Disparities between Racial and Ethnic Minorities and the White Population. The Surgeon General's Initiative targets six health areas that disparately affect African Americans, Hispanic Americans, Native Americans and Native Alaskans,

Native Hawaiians and Asian Americans. Those six health areas are Infant Mortality, Cardiovascular Disease, Cancer, Diabetes, HIV/AIDS, and Child and Adult Immunizations. This initiative is embodied in the Healthy People 2010 planning process engaging all state and local health departments across the nation; minority involvement will be essential to successfully lessen the health disparity and improve the total health population.

The lack of minority involvement was called to the attention of the Commission in its December 1998 meeting in Hutchinson by the Regional Minority Health Director (RMHD) for Region VII of the Department of Health and Human Service. The Commission responded by asking the RMHD to prepare a panel discussion on Minority Health at its February 26, 1999, meeting in Wichita. The RMHD recruited and organized a panel that included African-Americans, Hispanic Americans, Native Americans and Asians/Pacific Islanders. The panelists provided insight on health barriers faced by their respective racial, cultural or ethnic group. The panelists provided excellent information educating the Commission of the health plight of minority populations seeking health services in Kansas. The Commission made a commitment at that meeting to increase participation of minority Kansans in the assessment and planning for public health improvement. It was agreed that the Commission would participate in Minority Health Forums in four areas of the state.

Objective

The goal of the Minority Health Forums was to provide an opportunity for targeted minority populations to include their health concerns in the public health assessment process and ultimately have a voice in the development of the Public Health Improvement Plan.

Leadership Team

A leadership team was formed to ensure the effective and efficient execution of the minority health forums. The team was composed of Arneatha Martin, RN, CEO and Co-President of the Center for Health and Wellness; Rhonda K. Lewis, Ph.D, MPH , Assistant Professor of Psychology, Wichita State University; and William G. Mayfield, MSW, Regional Minority Health Director, U.S. Department of Health and Human Services. In addition to developing the plans for the forums, each team member had specific roles. Ms. Martin served as the contractor. Dr. Lewis served as project officer and facilitator for each forum. Mr. Mayfield served as the team leader and advance person traveling to each site (except Wichita) to organize community support and participation for the forums. This team worked closely with the Commission staff to ensure coordination and maintain a focus on the objective of the forums.

Leadership Team Outreach

The team recognized that assistance would be required to reach a broad representation of the targeted minority groups. Mr. Mayfield, in his role as advance person, conducted outreach to agencies and community groups for assistance and their input on health issues. Among those agencies and groups reached were the Kansas Department of Health and Environment, The Kansas Advisory Committee on Hispanic Affairs, The African American Advisory Commission and the Governor's Liaison for Native American Affairs. Local health departments, private and public health care providers, and community providers of social and advocacy services were also asked to assist. In some communities, city government and corporate employers were asked to identify potential participants.

APPENDIX 5 (Continued)

The forum sites in Kansas were: Topeka (July 20, 1999), Kansas City (August 19, 1999), Wichita (August 24, 1999) and Garden City (September 27, 1999). Invitations were sent to organizations who serve the target populations. Meetings were held in the evening right after work with food provided to allow working people the opportunity to participate. Attendance for the forums varied across sites:

Forum Participation

Location	**Number Attending**
Topeka	26
Kansas City	46
Wichita	39
Garden City	34

The meetings began with a welcome, introductions and an explanation of the purpose for the Minority Health Forums. Participants were then asked to break into small working groups and discuss the barriers, resources, and recommendations to improve public health, increase participation of people of color in key policy level decision-making, and methods for supporting people of color to enter health professional fields.

Issue I

Participants were asked the question, "In what ways can a Public Health Improvement Plan reshape local and state health systems and involve key stake holders (i.e. civic organizations, community groups, and populations of color) in key decision-making to eliminate the disparities in health status?"

Barriers:

A number of barriers were identified, including insurance companies, politicians, language and cultural issues, transportation, exclusion of people of color from key decision making, and lack of minority group health status data on the four target minority groups in Kansas.

Resources:

Resources in the community included churches and ministerial alliances, civic and cultural organizations, fraternities and sororities, minority businesses, minority professionals, community and economic development groups , neighborhood associations, grassroots self-help organizations, retired community members and many others.

Recommendations:

1) Develop an Office of Minority Health at the state level to assist in shaping public health policy that contributes to the elimination of health status disparities among minority populations.

2) Involve targeted minority groups in the planning and decision-making process for health policy and health service delivery at all levels of the public health system.

APPENDIX 5 (Continued)

3) Recruit community representatives from minority groups to participate on health-related task forces, boards and commissions at both state and local levels to effectively build trust in the public health system.

4) Recruit, train and retain minority group members to assume leadership positions in the public health system.

5) Use the church to gain access to populations of color.

6) Provide support and incentives for community-based organizations to hire support workers who are culturally sensitive to enable effective communication between the public health system and minority communities.

7) Hire translators and offer pay incentives for bilingual speakers to address language barriers.

8) Support the development and involvement of people of color in awareness campaigns for prevention concepts (use billboards; television; radio; newspapers, especially the minority community media).

9) Train incoming immigrants to Kansas about the health promotion and health care systems in their communities.

10) Use the mass media to inform people on health issues.

11) Improve coordination of existing resources, health centers and churches.

12) Develop a local health advisory commission to address the concerns of people of color.

13) Develop a coalition of health care professionals and religious leaders to provide input into the operation of the public health system.

14) Require all health care professionals and other health care workers to take training in cultural competency to raise cultural awareness and sensitivity even if they are bilingual.

15) Establish a “First Call” program for new immigrants as they arrive in Kansas.

16) Include an operational definition of cultural competency and linguistic access in Kansas Department of Health and Environment documents and other government documents regarding availability of services, access to care, and issues related to culture competence of health professionals.

17) Health departments should be a part of the state public health system to ensure a more equitable system of public health services.

APPENDIX 5 (Continued)

Issue II

Participants were asked the question, "In what ways can the Public Health Improvement Plan establish active collaboration between local partnerships and state counterparts in plan development and implementation to meet the emerging public health challenges?"

Barriers:

18) Lack of understanding of minority health issues by local and state politicians.

19) Lack of cultural competence or cultural sensitivity of health officials and staff.

20) Limited resources in minority communities to connect to the broader community system of public health.

21) Lack of organized voting strength in minority communities.

22) Intentional or unintentional exclusion of minority groups from health policy and health services planning.

23) Failure to ask populations of color what they view as important to their health.

24) Lack of public health promotion strategies designed and implemented to impact minority populations' health problems.

Resources:

25) Churches are often the only minority directed institution in minority communities and represent a tremendous resource for giving leadership to health initiatives.

26) Community-based organizations in minority communities represent a potential for partnership development to impact health status in minority communities if appropriately supported by funding, training and technical assistance.

Recommendations:

27) Open dialogue to empower and mobilize people of color to state their resource needs to improve health.

28) Confront racism in the public health system (write letters to the editor, boycott, media).

29) Find and train minorities to enter health fields (establish a Grow Your Own Program).

30) Provide voter assistance in minority communities.

APPENDIX 5 (Continued)

31) Educate health care workers about populations of color needs.

32) Develop culturally appropriate recruitment programs for minority youth such as mentor programs through the YMCA, YWCA and Boys and Girls Clubs.

33) Develop programs that encourage minority youth to become health care providers.

34) Involve lay people in the planning process to address barriers

35) Educate decision makers about how poor health among populations of color affects the entire population.

36) Recruit young minority people for medical professions.

37) Develop a resource bank of individuals who are knowledgeable about alternative and holistic health practices.

Summary

The contacts made during planning for the forums included state, city and county government agencies; community organizations; faith communities; and private industry. They expressed interest in improving the health of minorities and were willing to assist in convening the forums. Kansas minority community members were pleased to have an opportunity to participate in the public health infrastructure assessment process. They were also willing to be engaged in future public health improvement planning activities. The Garden City forum participants were especially appreciative, saying they did not often see people from the eastern part of the state. Hispanics in Kansas City made a passionate plea for assistance in bridging the language gap for recent immigrants with limited English abilities. The language barrier is a serious problem to appropriate delivery of public health services to at-risk populations. Each group also requested that the dialogue between public health and minority communities be continued through the planning phase and into the implementation phase of the project. The groups requested that such forums be conducted with some degree of regularity and that funds be made available to enable continuing involvement of minority community members. There was consensus at the forums that minorities should be an integral part of the health dialogue that shapes health policies and plans the delivery of public health services if we are to address health disparities and to see an overall improvement in the health of the entire population.

APPENDIX 6
STATUTORY AUTHORITY FOR THE WASHINGTON STATE
PUBLIC HEALTH IMPROVEMENT PLAN

This text has been excerpted from Appendix G of the Washington Department of Health's *Public Health Improvement Plan,* dated November 29, 1994. The statutory authority is cited in RCW 43.70.520, *Public Health Services Improvement Plan*.

(1) *The Legislature finds that the public health functions of community assessment, policy development, and assurance of service delivery are essential elements in achieving the objectives of health reform in Washington State. The legislature further finds that the population-based services provided by state and local health departments are cost-effective and are a critical strategy for the long-term containment of health care costs. The legislature further finds that the public health system in the state lacks the capacity to fulfill these functions consistent with the needs of a reformed health care system.*
(2) *The department of health shall develop, in consultation with local health departments and districts, the state board of health, the health services commission, area Indian health service, and other state agencies, health services providers, and citizens concerned about public health, a public health services improvement plan. The plan shall provide a detailed accounting of deficits in the core functions of assessment, policy development, assurance of the current public health system, how additional public health funding would be used, and describe the benefits expected from expanded expenditures.*
(3) *The plan shall include:*

(a) *Definition of minimum standards for public health protection through assessment, policy development, and assurance:*
    (i) *Enumeration of communities not meeting those standards;*
    (ii) *A budget and staffing plan for bringing all communities up to minimum standards;*
    (iii)*An analysis of the costs and benefits expected from adopting minimum public health standards for assessment, policy development, and assurance.*
(b) *Recommended strategies and a schedule for improving public health programs throughout the state, including:*
    (i) *Strategies for transferring personal health care services from the public health system into the uniform benefits package where feasible; and*
    (ii) *Timing of increased funding for public health services linked to specific objectives for improving public health; and*
    (iii)*A recommended level of dedicated funding for public health services to be expressed in terms of a percentage of total health service expenditure in the state or a set per person amount; such funding does not supplant existing federal, state, or local funds received by local health departments, and methods of distributing funds among local health departments.*

APPENDIX 6 (Continued)

The department shall coordinate the planning process with the study activities required in section 258, chapter 492, Laws of 1993.

By March 1, 1994, the department shall provide initial recommendations of the public health services improvement plan to the legislature regarding minimum public health standards, and public health programs needed to address urgent needs, such as those cited in subsection (7) of this section.

By December 1, 1994, the department shall present the public health service improvement plan to the legislature, with specific recommendations for each element of the plan to be implemented over the period from 1995 through 1997.

Thereafter, the department shall update the public health services improvement plan for presentation to the legislature prior to the beginning of a new biennium.

Among *the specific population-based public health activities to be considered in the public health services improvement plan are: Health data assessment and chronic and infectious disease surveillance; rapid response to outbreaks of communicable disease; efforts to prevent and control specific communicable diseases, such as tuberculosis and acquired immune deficiency syndrome; health education to promote healthy behaviors and to reduce the prevalence of chronic disease, such as those linked to the use of tobacco; access to primary care in coordination with existing community and migrant health clinics and other not for profit health care organizations; programs to ensure children are born as healthy as possible and they receive immunization and adequate nutrition; efforts to prevent intentional and unintentional injury; programs to ensure the safety of drinking water and food supplies; poison control; trauma services; and other activities that have the potential to improve the health of the population or special populations and reduce the need for or cost of health services.*