It’s time to talk about the future of public health in Kansas.
The Public Health Systems Group is a coalition of public health, government, academic and charitable institutions that works to protect & promote the health of Kansans. Our vision, which we share with health care providers, economic development professionals, elected officials and community members across Kansas, is that all Kansans should live in safe and healthy communities.

It’s not a simple fix.
There is broad variation in the type and quality of services offered by public health agencies in Kansas. Many health departments are unable to meet the needs of their communities which puts the health of Kansans at risk. Our public health laws and the system to deliver public health services were developed decades ago, when the health challenges that our communities faced were different. The current governmental public health system in Kansas – the structure, policies and funding models – is not working. To advance public health in Kansas, there is a need for new models and policies.

The vision for a healthier Kansas is not unique to public health. In March 2015, the Public Health Systems Group convened a statewide public health vision summit. More than fifty stakeholders representing a broad range of health-related sectors attended the summit. They discovered that they shared the goal of ensuring that all Kansans live in healthy and safe communities. That goal, they noted, is frequently in tension with different sectors in their communities. Here are some of the comments heard at the 2015 Statewide Public Health Vision Summit:

- Funding, politics and leadership have been a vicious cycle for governmental public health.
- Public health (like many others in the public sector) has been hit hard by budget cuts.
- “Public everything” is under siege today.
- “Political will” has the power to support or impede progress on public health issues.

The Kansas public health system structure needs some work.
The Public Health Systems Group has started studying the current system in order to understand its strengths and weaknesses, and where improvements could be made. The group’s initial research indicates that the current structure, government and funding mechanism for public health cannot currently assure a minimum set of programs and services to promote and protect the health of Kansans. And, we know that many communities are unprepared to address the social factors that drive health (such as education, income and housing). There are some specific issues that are already beginning to surface through this work:

- There is a lack of clarity about the role of public health. Some local officials believe that “there are no collective solutions to health issues” and that health is an individual responsibility. The public health community in Kansas knows that interventions must target both individuals and entire populations if the goal is to reduce the incidence of both communicable and chronic diseases.
- Kansas public health statutes are insufficient. The Kansas statutes are limited in scope, and they don’t address topics related to chronic disease and the emerging roles of public health.
- Public health funding levels are inadequate. Kansas’ funding for public health is among the nation’s worst and “silied funding” makes it nearly impossible to focus on long-term public health needs. A recent report from The Trust for America’s Health notes:
  - In 2014-2015 Kansas spent $12.40 per capita on public health, or 47th out of 50 states (plus DC), compared to a national median of $33.50 and ranging from $4.10 in Nevada to $220.80 in W.V.
  - Kansas is one of six states – alongside Alabama, Indiana, North Carolina, Ohio and Oklahoma – with a decreased public health budget for three or more years in a row.
  - Kansas ranked #39 in CDC funding per capita and #35 in HRSA grants dollars (FY15).
“Local control” means “local funding.”

Kansas has what is known as a “decentralized” public health system, where most counties fund and staff their own local health department. The state health agency, the Kansas Department of Health and Environment, offers guidance and technical assistance, but KDHE does not have authority over the staffing, programs, or decisions of the local health department. The Kansas Legislature, by authorizing local boards of health and local health officers, has delegated a significant amount of authority and responsibility to local public health officials. As a result, there are 100 local health departments in Kansas, most of which only serve one county. Health departments in less populated counties are understaffed and under-funded to meet current public health challenges. Statutory powers of public health officials must be exercised within the constraints of constitutional and statutory protections of individual rights. Public health officials must balance the exercise of the public health power with the rights of individuals.

Public Health 3.0: Time for an Upgrade

Kansas has been a national and global leader in public health since the 1800s when Dr. Samuel Crumbine instituted the first “don’t spit on the sidewalk” brick initiative to draw attention to unhealthy practices in communities. A quick look at the history of public health shows us where we’ve been and where we need to go:

Public Health 1.0 Public Health 1.0 happened during the 19th century (post-industrial revolution) through the late-20th century, when we were most focused on preventing the spread of infectious diseases. Public health was empowered by extraordinary scientific advances in our understanding of disease, powerful new prevention and treatment tools such as vaccines and antibiotics, and expanded capability in areas such as epidemiology and laboratory science.

Public Health 2.0 We consider Public Health 2.0 to be the period from 1988, when the Institute of Medicine released its significant report, titled “The Future of Public Health,” through today. The mission of public health was redefined by the IOM as fulfilling society’s interest in assuring conditions in which people can be healthy, and the core functions of governmental public health agencies were described as assessment, policy development, and assurance. The role of chronic disease and lifestyles factors in causing morbidity and mortality became more recognized, and public health agencies adjusted their activities accordingly.

The image above – from the National Association of Counties – shows how determinants of health contribute to an individual’s overall health. Governmental public health must be prepared to lead cross-sector collaborations and environmental, policy, and systems-level actions that directly affect the social determinants of health.
Public Health 3.0 The latest version of public health, which we’re calling “Public Health 3.0,” is a modern vision of public health that emphasizes cross-sector collaboration and environmental, policy, and systems-level actions that directly affect the social determinants of health. Several Kansas communities are already experimenting with this approach to community health. To be the chief health strategists for communities, public health departments need the tools and skills required to provide basic public protections while adapting to and effectively addressing changing health threats. We need your help to figure out what Public Health 3.0 will look like in Kansas.

We’ve got some challenges.
America’s Health Rankings analyzes behaviors, conditions, policies, and clinical care to describe the health of the nation. According to this data, Kansas has dropped 16 spots in the ranking between 1992 (10th) and 2015 (26th). In addition, wide health inequities exist across our state (from KDHE BRFSS data):

- 65% of adult Kansans are overweight or obese, ranging from 55% in Douglas County to 75% in Cherokee.
- 20% of all adult Kansans are current smokers, ranging from 12.6% in Johnson County to 45% in Geary.
- 10% of adults in Kansas have diagnosed diabetes, ranging from 4.5% in Riley County to 17% in Wilson.

Racial and socio-economic disparities exist as well. According to the Kansas Health Foundation:

- Adults living below poverty line are twice as likely to use tobacco.
- African American and Latina women are at 20% greater risk for heart disease than Whites.
- Risk of cancer death is 48% higher for those without a high school diploma.
- Infant mortality is twice as high for African Americans than for Whites.

We have a great opportunity to make progress.
We have solid information that we can use to identify the drivers of public health in communities in Kansas, and gain more every day. We have growing engagement between community members, local public health departments, and the elected and appointed officials who are in charge of public health across Kansas. Kansans are becoming aware of the underlying social and economic conditions influencing health in their communities, and are speaking up in support of policies that improve health. And, beginning with the state’s association for local public health agencies, the Kansas Association of Local Health Departments, there’s a commitment to identify the minimum set of services that each community needs to sustain and improve its health – no matter where you live in Kansas.

We’re on it.
The Public Health Systems Group has developed a project called “The Future of Public Health in Kansas” to focus on these broad and important issues. The project’s goal is to develop a definition of what constitutes a set of foundational public health services that should be available to all residents and communities statewide, to explore the cost and organizational models for providing those services, and to build a pathway by which we can assure those services in all Kansas counties so that governmental public health can provide leadership to develop safe and healthy communities.

The Public Health Systems Group is beginning to identify various models being used in other places that can inform the unique work that needs to take place in Kansas. One of those models, known as “Foundational Public Health Services,” follows this document. We have included the model as one example of how we could structure our new system, and, perhaps most importantly, how we talk about it.

Unlike current discussions happening in Kansas about education, Medicaid expansion, and the role and size of government, all of which have many stakeholders with various levels of involvement, there is not an informed group looking at issues related to governmental public health in Kansas other than the Systems Group. We’re committed to finding the right solution that accomplishes our goal of ensuring that all Kansans live in safe and healthy communities.
We’re a diverse group.
The Systems Group has organized a variety of subcommittees and this council to advance the project. Each subcommittee – Assessment, Fiscal, Policy and Legal – is focused on one of the four primary topics that we need to review in order to build the most comprehensive profile of the Kansas public health system that has been assembled to date. This profile will result in a report that identifies a proposed set of services, programs and capabilities for local health departments in Kansas, and a list of options for those departments to use to implement the new system. The Systems Group includes representatives from the Kansas Association of Local Health Departments, Kansas Department of Health and Environment, Kansas Health Institute, Kansas Public Health Association, Kansas Environmental Health Association, Kansas Hospital Association, University of Kansas, Kansas State University, and Wichita State University and the Kansas Health Foundation. This work is funded by a significant investment from the Kansas Health Foundation to the Public Health Systems Group to strengthen the Kansas public health system.

We need your help.
You’ve been asked to serve on our advisory group, which we’ve named The Council on the Future Public Health in Kansas. We’ve asked the Council to provide advice and ideas about possible policy changes to strengthen the efficiency and effectiveness of public health services in Kansas and help us think about our work through different lenses and in the context of other systems. We need input from the Council to inform our work and help us understand how to make progress on this adaptive challenge. We are relying on this Council to provide advice and ideas to help inform the work of the subcommittees and to help us think about HOW to manage future recommendations and change. The work of the Council will be done in the context of three additional meetings but we’re also open to your ideas about other ways to keep dialogue happening throughout the course of this project.

This image above displays the Foundational Public Health Services conceptual framework. In this framework, the blue box contains all of the skills, programs and activities that must be available in state/local health departments system-wide. Local authorities could then further identify specific community needs to be addressed. This model shows that all health departments should be able to provide a minimum set of services, and that those services should address the most pressing needs of a community.