KALHD Board
Review of Mission and Vision
September 15, 2026

Article II of our By-laws

KALHD Mission: *Strengthening local health departments for the purpose of improving and protecting the health of all Kansans.*

Article IV of our By-laws

KALHD Vision: *A system of local health departments committed to helping all Kansans achieve optimal health by providing Foundational Public Health Services*

Objectives:

a) To support the association's vision: a system of local health departments committed to helping all Kansans achieve optimal health by providing Foundational Public Health Services
b) To represent the collective voice of local health departments and to enable KALHD to accomplish the association's mission
c) To work cooperatively whenever feasible with community, civic, governmental, and other health partners to increase knowledge of and access to public health services
d) To serve as a liaison to KDHE to further the public health at the program and policy-making levels

Note: If there are any changes proposed, Article X of our By-laws specifies that can happen at either our mid-year meeting or annual meeting upon affirmative vote of at least two-thirds of the members present and voting at that meeting.

Member input from exercises at the 2026 MYM

What can we do together as KALHD to best support your LHD?
Advocacy for public health
Advocate @ State and Federal level
Communication
Continue fighting for all health departments, no matter how small the department
Continue to advocate for local health departments
Continue to lobby
Continue to lobby for us
Continue to provide the legislative communications & to be the "middle man" & advocate for LHDs
Continue to support us with the legislature
Continue to take our concerns to KDHE & other players
Develop a weekly or bi-weekly fireside chat
KALHD does a great job with updates on legislation. Continue & help us know what we can do to advocate
KALHD needs to lobby more politically on the LHDs behalf
Keep developing & distributing sample policies (e.g. HIPAA)
Keep doing what we are doing
Keep LHDs informed of upcoming changes
Keep listening & assist in solutions
Orientation for people new to various roles in LHDs
Providing health departments support when commissioners attack or try to cut public health
Real conversations with LHDs
Stronger legislative presence
Support and educate
Survey about what's needed by LHDs
Vision/mission updates if needed
Work together as a state/public health community to advocate for each other and our common goals - disease & public health issues have no boarders
Work together even more to streamline process, P&Ps, to make life easier @ the LHD level

What Is Ahead and Are We Prepared as Local Health Departments?
A multitude of threats - Ebola, hantavirus, HSN1, tickborne illness, gun violence
Accountability
Accountability
Adequate workforce to respond to outbreaks
Adjustments that come from changes with Governor / Secretary
AI
Budget challenges
Burn out
Challenge of messaging & framing PH. What is it? Why do I care?

Change of Administration at Federal levels trickles to states
Changes to the HCC/PHEP structure
Changes/uncertainty of WIC - funding, clinic site status, KDHE changes, new staff "title"
Changing leadership at LHD
Changing political administrations (federal/state/local)
Commission elections
Communication with administration
Communication with other departments
Community awareness
Community engagement
Community involvement
Competing with local clinic & hospital with overlapping services
Continuing to be a positive light in the public & get more buy in after covid
Continuing to promote our work with community & commissioners
Cooperation with local hospital administration
Culture - building a better work place culture where everyone plays a part in
Decreased morale
Direction of PH - scope of work done compared to other local partners
Doing more with less
Ending of the courier funding (unless there is a change)
Erosion of trust continues
Finances - grant funding decreasing and at same time becoming more competitive
Finances - less dollars
Finding staff who care about public health
Finding staff who truly care about PH
Funding
Funding
Funding
Funding - as grant $ amounts decrease, who will we continue to grow an/or maintain current operations. Also have to convey our importance to commissioners.
Funding & sustainability
Funding other revenue sources
Future of our clinic - finding ways to help community with our spending more money
Guiding LHDs with preparedness planning that is just more than "plans". What works in real life.
Having to find a new medical director to oversee our LHD
Helping undocumented
Hiring nurses & staff
Hiring staff
Immunization rates
Immunization rates
Immunization rates
In the next 2-4 tears we will continue to face concerns of mistrust in the community
Increase Spanish speaking and different dialects

Increased outbreaks/disease investigations
Increasing needs in the community with less resources to help fill the needs
Infectious diseases
KDHE program management changes
Lack of support from administrative team
Lack of trust
LHD staff retention
Loss of funding
Loss of institutional knowledge
Management administration support
Misinformation - lack of trust
Navigating staff retirements during busy time (October)
New commissioners
New leadership at the state level (governor, program directors, programmatic staff)
Not prepared for another pandemic - only 2 staff 1 less than 1 year experience and only willing to work M-F 8-4 and not prepared for all hands on deck that a pandemic would require
Participation/involvement
Political - Administrative changes - potential grid lock
Political climate negative for PH
Possible new organizational structure.
Possible new organizational structure. Currently have interim who has recently (as of August) officially become Administrator of Emergency Services. This changes structure and new Board of Health/Health Officer. Logistics seem unknown.
Potential change of staff at the local level
Potential changes in the regional PHEP structure
Public doesn't understand PH
Reduction in budgets - change in benefits
Reemerging diseases (measles, polio, Ebola)
Regionalization
Reorganization at state level
Retention
Retirement
Retirement CEO COO & possibly CFO leaving in 3 years
Retirement of medical consultant no idea for potential replacement
Service continuation & looking at what we do vs should be doing
Service lines that generate revenue
Societal trust - misconceptions - distrust of PH has increased
Staff retention - wages and expectations
Staff retention and county expectations
Staff turnover
Staffing change - retirement
Staffing
Staffing

Staffing - 3 of 5 retiring
Staffing - multiple staff at retirement age and younger generation not likely to fill vacancies or if do not stay long
Staffing changes & having good applicants
Staffing with pay increase expectations & no increase in funding
Structural changes of PH from state level
Succession planning
Technology - PH ability to adapt
Transition for Interim Director/HO
Turnover at KDHE
Turnover at KDHE - loss of knowledge
Unrealistic expectations
Vaccination issues with public
Vaccine hesitancy
Where KDHE taking PH
Workforce - recruitment of RNs
Workforce - recruitment of RNs
Workforce capacity - staff taking on more roles
Working well with community hospital

What can KDHE do to best support your LHD?
1 Communicate / be transparent
#1 KDHE too pushy at times. They don't realize what is on the LHDs plate.
A lot of decisions are made without any seeming knowledge on LHD process, capabilities, barriers.
Actual onboarding for LHD Directors, Finance managers, and staff new to various grants
Actually have a State Medical Officer
Adequate training for new staff - especially administrators
Advocate for local health departments
Advocate for services and help try to assist with the changing budgets. Instead of just cutting funding - talk w LHDs on strategy and how to deal with the full cut
All aspects of communication & transparency
Answer a phone call
Answer emails/phone calls with in 24 hours
Answer their PHONES!!!
Be available during working hours unless they are sick or on vacation
Be consistent
Be consistent! LHD are doing the work and several LHDs get different answers
Be our voice
Bring back the fireside chats
Clear answers / consistency
Communicate

Communicate
Communicate challenges timely
Communicate changes with enough notice so we can adapt
Communicate changes with reasonable notice for LHDs to execute changes
Communicate more effectively between KDHE departments
Consistency in key messages to LHDs
Consistent messages
Continue/expand EPI support. Many locals don't have our own epis & rely on KDHE team. EPI resources are normally great! Can expect preventable diseases to increase!!! EPI that can do our investigations when needed would be great (short staffed, no trained/experienced staff, on time situations, etc.)
Decrease last minute changes that are not clearly communicated
Do it (respond) in a timely manner
Don't get rid of systems that already are working statewide.
Don't pull funding mid contract / mid fiscal year
Email tag needs to have a working phone # attached to it
Emails need to be acknowledged
Error 404 link broken
Explain the direction so we can adapt to that direction
Funding increase for local health departments
Giving us accurate info. Prior to public knowing (always late to the party)
Go back to making staff available to speak to directly. Waiting for a response is frustrating. I loved old school communication.
Have 1-2 meetings individually with each dept. with each program. This will help with expectations & questions
Have a process for "emergency" issues for LHD and County Commissions to get ahold of state personnel
Have a Secretary of Health who's supportive
Have an updated directory
Have more collaboration from the environment side
Hold their teams accountable
If guidance documents are promised they should be provided within a timely manner
If you preach collaboration, collaborate! At least make it easier between funding sources.
In accurate/outdated information in KGMS - Primary Health Grant
Increase funding as workforce will not come for current prices & there is worry in the workforce that they will not be able to keep their job they are hired for due to funding uncertainty.
Increase transparency and be accountable for actions and decisions
KDHE needs to get more education on the local level to how we operate @ local level.
KDHE needs to make sure their grant managers have good information about grants so that LHDs don't have to pivot mid-year due to KDHEs mistakes
Keep asking how KDHE's decisions will affect LHDs
Keep the public health nurse team. They are an invaluable resource!
Let previous stay in the past and help in the present
Limit mid-year changes such as HCC with PHEP
Limit reporting "busy work" as much as possible to what is needed
Look at unfunded regulations/requirements

Make KGMS user friendly
More timely and effective communication
Multiple business day delays with programmatic staff (TB, WIC, etc.) is challenging and makes impacts in local health
No mid-year grant requirement changes
Offer us final report what they turn in from each grant maybe we can offer different services
Organizational chart
Organizational chart
Organizational chart
Prioritize partnership over their own agendas. Team mentality vs us v them.
Program changes and workload better align with funding allocations
Prompt responsiveness from points of contact
Quicker return on emails
Recognize LHDs as partners and experts in the communities they serve
Reduce requirements for reporting and/or streamline reports (and share)
Respond to an email
Respond to questions
Respond to questions and let past intentions be past.
Return phone calls
Seek input and guidance in decisions that will impact LHDs
Stop making excuse after excuse for poor communication
Support for public health when commissioners continue attacking public health
Take local considerations into better consideration such as with WIC funding
Take off old forms and information that is on KDHE website.
Tell us the truth. Are you planning to regionalize?
Think about how you are responding - less condescending
Timely communication
Transparency
Transparency
Transparency and to learn what / how we actually operate
Transparency with what is happening @ KDHE that will trickle down to local public health
Transparent communication
Use the communication tools like K-COMS, etc. to improve notifications of job changes. Often times we don't know who to contact @ the state level with questions
What is your vision for public health in Kansas? What are your goals?
Work with us not against.