

Approved: March 10, 1997

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Carlos Mayans, at 1:30 p.m. on March 6, 1997 in Room 423-S of the State Capitol.

All members were present except: Representative Joann Freeborn
Representative Tony Powell

Committee staff present: Norman Furse, Revisor of Statutes
Lois Hedrick, Committee Secretary

Conferees appearing before the committee:
Edward Fonner, Jr., PhD, Director of Health Information Systems, Kansas Health Institute
Susan Adamchak, PhD, Consultant, Kansas Health Institute

Others attending: See Guest List (Exhibit 1)

Chairperson Mayans welcomed Dr. Edwin Fonner, Jr. of the Kansas Health Institute (KHI). Dr. Fonner stated he and Dr. Susan Adamchak, KHI Consultant, were appearing before the committee to describe the Institute's Public Health Improvement Plan. He indicated that their initial findings included: (1) it is time to modernize the public health system (2) to not enhance the present system; (3) determine improvements needed; and (4) apply for a Kellogg-Robert Wood Foundations grant to continue the project.

Dr. Adamchak reviewed the research findings (see Exhibit 2). Then committee members questioned the small number of respondents (see "Methodology, page 2 of Exhibit 2). Dr. Fonner replied that 88% of those contacted did respond. Representative Wells asked, since the findings have been made, what is the next step. Dr. Fonner said the objectives are to: (1) educate the respondents and the public health care community of the findings; (2) define the core function of public health; (3) determine public health capabilities (the mission, financing, organization, and other factors); (4) develop a goal statement to strategically and tactfully address public health issues; and (5) explore options to remediate problems.

Chairperson Mayans thanked the conferees for their presentations.

The Chairperson then advised that the next two weeks will be busy ones for the committee, including taking action on **HB 2278** (restrictions on persons operating, working or volunteering in adult care homes) next Thursday. If members have amendments to offer on that bill, they were asked to please visit with the Chairperson before Thursday. Also, there have been about twenty bills referred to this committee for action, so decisions will soon be made as to which ones will be considered this session.

The meeting was adjourned at 2:35 p.m.

The next meeting is scheduled for March 10, 1997.

HOUSE COMMITTEE ON HEALTH AND HUMAN
SERVICES COMMITTEE GUEST LIST
MARCH 6, 1997

NAME	REPRESENTING
Edwin Finner Jr	Kansas Health Institute
Cindy Pennington	KHI
Andrea Zuescher	KHI
Susan Adamchak	KHI Consultant
Tami Akin	KHI
Susan Baker	Hein + Weir
DEPPS	Health Care Financing Admin.
KEITH R LANDIS	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATIONS FOR KANSAS
Mark Stafford	Bd of Healing Arts
Dawn Reid	KSNA
Wally Hinson	KMS
Larrie Ann Brown	KHA
Callie Jill Denton	Botenberg's Assoc.
Steve Rosen	KOHE
Ed Cannon	Ks Assoc Local Health Depts
Michelle Peterson	Peterson Public Affairs

**The Feasibility of Developing
a
Public Health Improvement Plan in Kansas**

**Presentation of Research Findings
for
The House Committee on Health and Human Services**

6 March 1997

**Presentation
by
The Public Health Improvement Plan Steering Committee**

Represented by

**Charles Gessert, M.D., President, The Kansas Health Institute
Edwin Fonner, Jr., Dr.P.H., Director of Health Information Systems, KHI
Susan E. Adamchak, Ph.D., Project Consultant**

Study on the Feasibility of Developing a PHIP in Kansas

Key Research Findings

Study Purpose

- To identify current knowledge and beliefs about the public health system
- To assess the feasibility of developing a PHIP for Kansas
- To solicit advice on the process of developing a PHIP
- To inform respondents about public health concerns in Kansas

Methodology

- 62 respondents: 22 public policy makers; 20 business, administration and community leaders; 20 public health and medical professionals and non-profit organizations
- 2 structured interview guides, using open-ended questions
- Interviews conducted October to December, 1996

Key Findings

- Knowledge of the public health system and services it provides is limited. When asked to name essential public health services important for the well-being of Kansans, about one-third of respondents listed accessible and affordable primary health care, immunizations, environmental monitoring, and education and health promotion. Sixteen percent or fewer cited enforcement of water and sanitation safety regulations, data collection, surveillance and monitoring of community health, or policy development.
- The populations most frequently mentioned as being at risk and in need of public health services are children, the working poor and uninsured, and the elderly, particularly older citizens living in remote rural areas. Few respondents mentioned the community as a whole being at risk or in need of public health services.
- Insufficient funding was mentioned by more than half the respondents as a barrier to meeting public health needs, although a number of people qualified their concern with funding by saying they would like more accountability of how current resources are spent. One-third of the respondents cited lack of legislative support as a barrier. More than one quarter of respondents mentioned limited planning for the future as an impediment.
- Business leaders and policy makers indicated that comparative data and cost-benefit calculations are of value to them in their decision making. Information should be presented as clearly, concisely, and attractively as possible. Several respondents suggested tying hard data to "real life" situations to make the information more salient.
- There is consensus that services should be delivered by the level of government closest to the population in need, with the Federal and State roles limited to policy and standard setting, and provision of some funds. At the same time, a number of respondents noted

that the county commissioners, who in many cases serve as the health boards in their communities and who bear primary responsibility for many budget decisions, are often ill-informed about public health issues.

- Legislators have no clear public health agenda. Rather, they tend to focus on health care in general and on issues of insurance, health care accessibility and managed care in particular.
- Legislators are not systematically briefed on public health issues. Often they are not familiar with relative inter-state performance in public health, or with the essential functions of the public health service in their own districts. They are rarely informed about successful programs, or about their impact on improving the health of their constituents.
- A number of respondents remarked that public health professionals need to do a better job of marketing their discipline, so that both the general public and legislators are more informed about the nature and scope of public health.
- Legislators do not generally hear from their constituents on public health issues. They acknowledge that in part this is likely due to the fact that the populations using public health services are often disenfranchised and isolated from the political system.
- No strong, visible advocate for public health is recognized in the state. Some respondents noted that KDHE is not seen as taking a guiding role. To the extent that the agency has promoted a stronger public health system, it is sometimes seen as doing so for its own self-interest (i.e., to maintain jobs and resources).
- Respondents recognized the need to be more creative in developing collaborative relationships among health care providers and other support organizations, but had few substantive suggestions for how to do so. A basic recommendation was to be as inclusive as possible, and to make an effort to improve communication particularly among local providers, in order to develop complementary services and reduce duplication of efforts.
- Nearly three-fourths of those interviewed endorsed the need for a PHIP for the state. It was viewed as an important tool to foster improvements in the state system, and to move public health issues to the forefront.
- Generally, it was thought that having the support of the Governor, with a well-known public figure named as a commission chair, would give this effort needed visibility. At the same time, it was noted that having legislative support from the outset of the process will also be important, perhaps by including key legislative leaders among the commission members.
- Few specific suggestions were offered re: the development of a PHIP in Kansas. Most often mentioned was the need to have "all players at the table", while acknowledging that the more people and organizations participating, the more difficult it becomes to reach consensus on important issues.