Approved: 1-28-97
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Chair Sandy Praeger at 10:00 a.m. on January 23, 1997 in Room 526-S of the Capitol.

All members were present except:

Committee staff present: Emalene Correll, Legislative Research Department
Bill Wolff, Legislative Research Department
Norman Furse, Revisor of Statutes
Jo Ann Bunten, Committee Secretary

Conferees appearing before the committee: Steve Coen, Senior Program Officer, Kansas Health Foundation
Charles Gessert, M.D., President, Kansas Health Institute

Others attending: See attached list

Briefing on Kansas Health Foundation

Steve Coen, Senior Program Officer, Kansas Health Foundation, briefed the Committee on activities of the Kansas Health Foundation, a private philanthropy based in Wichita. Mr. Coen noted that the Community Health Assessment program should be listed as one of the Kansas Health Foundation projects that was excluded in his written testimony. (Attachment 1) Mr. Coen also showed a video on the role of public health in the community, and copies of the video will be distributed to members of the Committee as soon as possible. During Committee discussion it was pointed out that the Kansas Health Foundation program that supports the development of a computerized public health information system in the state would provide a $75,000 grant to the Kansas Department of Health and Environment for an integrated network system in Kansas.

Briefing on Kansas Health Institute

Dr. Charles Gessert, President of the Kansas Health Institute, Topeka, briefed the Committee on activities of the Kansas Health Institute which was established in 1995 to advance research and information in order to improve the health of Kansans. (Attachment 2) Committee discussion related to the eradication of various diseases and the importance of coordinating information with other agencies.

Adjournment

The meeting was adjourned at 11:00 a.m.

The next meeting is scheduled for January 27, 1997

Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
GUEST LIST

DATE: 1-23-97

NAME	REPRESENTING
Andrea Zuercher	Kansas Health Institute
Steve Coen	Kansas Health Fdn
Stan [illegible]	KDHE
Bob Harder	Mid. Prof Servs.
Bob Anderson	KPhA
Bob Williams	Ks Pharmacists Assoc
Susan M. Baker	Hein & Weir
Amy Campbell	R. Rice Law Office
Meg Henson	Kansas Medical Soc.
Larry Buening	Board of Healing Arts
Jason Pitsenberger	Brad Smoot
Martha Dee Smith	KMHA
Rich Guthrie	Health Midwest
Lou Saadi	KDHE
Nancy Zogleman	Pfizer
Tom Bell	Ks. Hospital Assn.
Barbara M Brown	Intern - Sen Salmans
Lorne Phillips	KDHR
Mike Meacham	CCK

K A N S A S   H E A L T H   F O U N D A T I O N

Kansas Health Foundation

- A private philanthropy based in Wichita.
- **Total assets:** $370 million
- **Annual grant-making:** $15 million
- **Mission:** To improve the health of all Kansans.
- **Funding categories:** Public health, rural health, primary care education, health promotion and disease prevention, health policy.
- **Funding partners:** Regents institutions, Kansas Department of Health and Environment, county health departments, individual communities, etc.

A Focus on Community

NAME OF PROJECT	AMOUNT	TERM
Integrated Community Health Development Project (ICHD)	**$1.3 million**	6 years

- *To provide rural communities with the opportunity to design an integrated system serving the area's health care needs in a more coordinated and cost-effective manner.*

  Communities: Ottawa, Geary, Clay, Wilson and Cloud & Republic counties, Wellington and Marysville

NAME OF PROJECT	AMOUNT	TERM
Leadership Institute	**$1.1 million**	6 years

- *To develop the skills of community health leaders in the state.*

NAME OF PROJECT	AMOUNT	TERM
Kansas SmokeLess Kids Initiative	**$300,000**	4 years

- *To support the development of a statewide agency dedicated to tobacco use prevention and control. Matching funds from the Robert Wood Johnson Foundation: $873,000.*

NAME OF PROJECT	AMOUNT	TERM
Healthy Start Plus	**$766,000**	3 years

- *To replicate a successful program for preventing child abuse and neglect by working with parents at the time their child is born and providing the family with intensive home visitation services.*

  Pilot site: Hutchinson

NAME OF PROJECT	AMOUNT	TERM
Personal Actions to Health (PATH)	**$665,000**	4 years

- *To support a program that assists communities in developing health promotion activities for older adults.*

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Partner: Kansas State University Cooperative Extension program. Mini-grants to more than 60 communities.

Project Freedom **$1.5 million** **4 years**

- *To support the replication of a community-based model that reduces and prevents adolescent substance abuse.*

Communities: Leavenworth, Junction City, Lawrence

Adolescent Pregnancy Prevention **$2.3 million** **4 years**

- *To support replication of a previously successful model aimed at reducing unwanted adolescent pregnancies.*

Communities: Wichita, Ottawa, Junction City

Kansas LEAN (Low-fat Eating for America Now) School Health Project **$821,000** **4 years**

- *To reduce the consumption of dietary fat in an effort to reduce the incidence of heart disease and cancer among Kansans.*

Partner: Kansas Department of Health and Environment

Communities: Winfield (USD 465), Pierceville (USD 457), Holcomb (USD 363), Arkansas City (USD 470), Rose Hill (USD 394), and Andover (USD 385)

Adolescent Physical Education Project **$911,288** **4 years**

- *To support the expansion of an integrated health and physical education course in 80 school districts. The course provides high school students with the health/fitness skills needed to assume responsibility for their own health and well-being throughout life.*

Partners: Kansas State Board of Education, state university physical education departments, local school districts

Community Partnerships for Health - Schools and Public Health **$325,000** **2 years**

- *To promote partnerships between schools and local public health departments, so communities can address social factors that influence the health of children.*

Communities: Atwood, Dodge City, Hoyt, Wichita, Great Bend, Kansas City, Hutchinson, McPherson, Arkansas City, Winfield, Oskaloosa, Pratt

"Red Blood and High Purpose: Crumbine in Kansas" **$82,000** **2.5 years**

- *To write, produce and stage a play based on the life of Samuel Crumbine, M.D., a noted national public health leader and former director of health in Kansas.*

A Focus on Systems

NAME OF PROJECT	AMOUNT	TERM
Kansas Public Health Association (KPHA)	$427,000	5 years

- *To develop and implement a strategic plan to allow KPHA to become a more effective advocate for primary prevention and population-based approaches to health.*

Kansas Department of Health and Environment (KDHE) strategic plan — $149,400 — 2 years

- *To provide strategic planning expertise for the state health department.*

Master's in Public Health — $2 million — 4 years

- *To support the development of a collaborative master's of public health degree program at Wichita State University and the University of Kansas School of Medicine campuses in Wichita and Kansas City.*

Epidemiology — $1.2 million — 4 years

- *To support the development of data collection and analysis within the state.*

  Sites: KDHE, University of Kansas and WSU

Kansas Health Institute — $5.4 million — 5 years

- *To develop an independent health policy institute based in Topeka with the purpose to provide analysis of health issues in Kansas for legislators and other decision makers in the state.*

Distinguished Professorship in Public Health — $1.6 million

- *To support an endowed position within the Department of Preventive Medicine at the University of Kansas School of Medicine in Wichita.*

Distinguished Professorship in Community Health — $1.6 million

- *To support an endowed position at Kansas State University that would finds ways to bring health promotion programs to rural communities through the Cooperative Extension network.*

Telemedicine — $193,000 — 2 years

- *To evaluate how telecommunications and telemedicine could affect the delivery and cost of health care in Kansas.*

  Partners: Kansas Medical Society, State Board of Emergency Medical Services, KDHE

Behavioral Risk Factor Surveillance Survey	$750,000	3 years

- *To initiate a health risk data collection system for Kansas.*

Public Health Continuing Education	$922,00	5 years

- *To provide continuing education opportunities for all county health departments in Kansas.*

  Communities: Every county in Kansas

Kansas Public Health Information System	$721,000	2 years

- *To support the development of a computerized public health information system in the state.*

  Communities: Wichita-Sedgwick County, Douglas County, Lyon County, Shawnee County, Northwest Kansas (Decatur, Logan, Rawlins, Sheridan, Sherman, Thomas and Wallace), Southcentral Kansas (Barber, Comanche, Edwards, Harper, Kingman, Kiowa and Pratt)

Healthy Kansans 2000 at KDHE	$970,000	5 years

- *To participate in a Centers for Disease Control (CDC) program that provides the expertise needed to measure Healthy People 2000 goals.*

add - Community health assessment program

Kansas Health Institute
Charles Gessert, MD, President

Testimony Before Senate Committee on
Public Health and Welfare
January 23, 1997

Documents Provided:

1. Kansas Health Institute - Introduction
2. "Where Does Health Come From?"
3. Determination of Health - Graphic
4. Kansas Health Institute Objective - Graphic

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Date: 1-23-97
Attachment No. 2

KANSAS HEALTH INSTITUTE

Introduction

The Kansas Health Institute (KHI) was established in 1995, to advance research and information that will be used to improve the health of Kansans. The KHI is guided by the following concepts.

* Health is determined by many factors, including biology, medical care, personal behavior and lifestyle, physical environment, and social environment. The KHI is dedicated to advancing our understanding of these "determinants of health," and to optimizing the health of Kansans through improved health policies based on this understanding.

* An understanding of the determinants of health and the pathways by which they affect health -- both directly and indirectly through interaction with each other -- will enable us to balance our efforts to improve overall health. At present, we invest heavily in medical care, which is enormously effective in relieving suffering and restoring health, but which occurs relatively late in the disease development process and has only limited potential to *improve* the health of an entire population. To optimize health, the investment in disease care must be balanced with investments much earlier in the disease development process, such as efforts to address the social and behavioral determinants of health.

* "Health" is best seen as the capacity, relative to potential and aspirations, for living fully in the social environment. "Ideal health" includes optimal physical, mental, spiritual and social well-being, and is not wholly attained by any individual or population. This broad view of health provides the basis for expanding our investment in health beyond the current boundaries.

The KHI recognizes that to optimize health, in the context of finite resources, better information is needed on how personal, family, community, and societal factors -- alone and in combination -- affect health. The KHI is committed to working with public and private partners to develop and communicate the information needed to improve health decisions at personal, institutional and public policy levels, and to improving the understanding of behaviors, programs and policies that have the largest roles in improving health. The KHI believes that the prospects for continually improving health and quality of life in Kansas are bright, as we work toward "Kansas: A State of Health."

The plans for the work of the KHI for the next two years (1997 and 1998) have been developed in detail, and are outlined below as Objectives and Strategies, followed by narrative summaries. The KHI should be viewed as a "work in progress." The plans of the Institute will continue to evolve in response to new information, new needs, new partnerships and new opportunities. During 1997 and 1998, the Institute's infrastructure (Board of Directors, staff, and partnerships) and programs (research, data systems and policy analysis) will continue to mature. The Institute's capacity to contribute to the health of Kansans will develop significantly during these two years, and in the longer term -- 1999 and beyond -- the Institute anticipates expanding its scope of work further.

Vision
Kansas: A State of Health

Mission
To develop and communicate information on the determinants of health, so as to optimize personal, institutional, and public policy decisions that improve the health of Kansans.

Objectives

Objective 1 - IDENTIFY MAJOR HEALTH DETERMINANTS AND RELATED ISSUES

Strategy 1.1 - Develop Measures of Health and Determinants

Strategy 1.2 - Form a Network of Interest in Kansas

Strategy 1.3 - Establish Liaison with Similar Institutions and Agencies

Strategy 1.4 - Assess Possible Interventions

Identify Health Determinants and Issues - Ongoing Development: During 1997 and 1998, the KHI will concentrate on developing the *capacity* to identity and prioritize the major factors that are determinants of the health of Kansans. We will develop tools for measuring the impact of major health determinants, and we will establish the relationships necessary to guide and instruct us in issue identification: with legislators and other community leaders in Kansas, with scholars and policy makers working on factors that affect health, and with institutions and agencies doing similar work. During 1997 and 1998, the KHI will select at least four factors or issues that (a) demonstrate determinants of health principles and (b) are particularly germane to the health of Kansans, and will produce reports on the impact of these factors. In selecting these initial health determinants for study, consideration will be given to issues such as the impact of rural/urban living, vulnerable populations (e.g., children, teens, rural elderly), key health behaviors (e.g., tobacco, alcohol, and other substance abuse; highway safety), schools in Kansas, etc.. By the end of this period, the KHI expects to have a cogent framework for prioritizing the determinants of health in Kansas, with both quantitative tools and a sound process for building consensus on priorities. The KHI expects to develop and utilize a "life course" framework for this analysis, with methods for understanding the sequence and interrelationship of the determinants of health throughout a lifetime.

Objective 2 - HEALTH DATA SYSTEM DEVELOPMENT

Strategy 2.1 - Develop Data Infrastructure on Determinants of Health

Strategy 2.2 - Support Health Data System Development

Health Data Systems - Ongoing Development: During 1997 and 1998, the KHI will concentrate on two major aspects of health data systems in Kansas: (1) developing and distributing a compendium of data resources on health-related social indicators in Kansas, and (2) developing an in-depth understanding of the strengths and weaknesses of major health data systems maintained in the public and private sectors in Kansas. The compendium of data on social indicators will be designed and evaluated as a resource for research on determinants of health in Kansas, and will be developed with input from the expected users of the data. The analysis of the "major health data systems" in Kansas will examine the current status and direction of data system development, and will identify partners and opportunities for (a) further development and integration of data systems into a more comprehensive health data resource for Kansas, and (b) development of linkages between current health data systems and the social indicators data resources identified by the KHI (for the purpose of further work on determinants of health in Kansas). By the end of this two year period, the KHI expects to be in a position to stimulate and participate in the development of an integrated statewide comprehensive health data system.

Objective 3 - RESEARCH ON HEALTH DETERMINANTS

Strategy 3.1 - Plan and Coordinate Research on Determinants of Health

Strategy 3.2 - Develop Intramural Research on Determinants of Health

Strategy 3.3 - Develop Extramural Research on Determinants of Health

Research on Health Determinants - Ongoing Development: During 1997 and 1998, the KHI will continue to develop its intramural program and will initiate an extramural program of research addressing determinants of health in Kansas. Initially, the KHI will devote significant energy to *capacity building*: identifying and prioritizing health determinants in Kansas, as described under Objective 1; identifying and/or developing tools and resources needed for determinants of health research, such as developing the social indicators data infrastructure, as described under Objective 2; developing working relationships with public, private, and academic partners; and identifying or stimulating interest in determinants of health research among the faculties of the Regents' Institutions in Kansas. The KHI's capacity to conduct intramural research on determinants of health will continue to improve, with the addition of a Vice President for Research, staff development, growth and enrichment of the KHI's postdoctoral and graduate student programs, further development of the network of linkages between KHI staff and partners throughout Kansas, and the development of basic tools such as the compendium of data resources on social indicators in Kansas. The KHI's extramural research program will initially concentrate primarily on identifying partners within the Regents' Institutions and expanding the understanding of the determinants of health framework among Kansas researchers. The KHI expects that much of the extramural research it supports during 1997 and 1998 will be interdisciplinary, and institutionally based (interdisciplinary teams formed on specific campuses).

Objective 4 - HEIGHTEN PUBLIC AWARENESS OF DETERMINANTS OF HEALTH

Strategy 4.1 - Develop Kansas Health for Kansans on Determinants of Health

Strategy 4.2 - Hold a Major Spring 1998 Conference on Determinants of Health

Strategy 4.3 - Publish a Book on Determinants of Health

Strategy 4.4 - Instruct Graduate Students on Determinants of Health

Strategy 4.5 - Produce and Circulate Written Reports on Determinants of Health

Public Awareness of Determinants of Health - Ongoing Development: During 1997 and 1998, the KHI will develop and utilize many tools to improve public awareness and understanding of determinants of health: a bimonthly publication Kansas Health, a major conference and text on "Determinants of Health: the Kansas Experience," a semester length course, and a series of monographs on selected aspects of determinants of health. The development and implementation of these tools will be guided by the KHI's framework for identifying and differentiating the audiences that it must address in its work. This framework describes six levels of "audience," which may be visualized as concentric circles starting with KHI staff at the central Level 1, and continuing through KHI stake-holders at level 2, the KHI's current and potential community advisors and partners at level 3, Kansas health decision makers at level 4, Kansas community leaders in general at level 5, and the general public in Kansas at level 6. For 1997, the KHI has placed priority on developing solid programs for reaching audiences at levels 1-4, and for 1998 on levels 1-5.

Objective 5 - **INITIATIVES TO IMPROVE HEALTH**

Strategy 5.1 - Develop Working Relationships with Health Decision Makers in Kansas

Strategy 5.2 - Develop Initiatives in Partnership with the Public Sector

Strategy 5.3 - Develop Initiatives in Partnership with the Business/Private Sector

Strategy 5.4 - Develop Initiatives in Partnership with Academic Leaders

Initiatives to Improve Health - Ongoing Development: By the end of 1996, the KHI had initiated seven research/data projects, and was developing plans for several more. These initial projects were selected because of their potential to advance the mission of the KHI, to raise the visibility of the KHI, and to familiarize KHI staff with the ongoing work of research/data partners. During 1997 and 1998, the KHI will conduct or participate in at least four major health policy initiatives that provide opportunities for the integration of determinants of health principles into health-related policies and programs in Kansas. The KHI anticipates that some of these initiatives are likely to constitute "stepping stones" for future initiatives (e.g., work with the Kansas Health Care Data Governing Board to improve data systems and facilitate linkages between social indicators databases and health care databases).

Kansas Health Institute Development - Summary

The KHI recognizes that the task of changing our collective thinking about health -- from an orientation to late, expensive medical interventions in disease processes to an orientation that addresses social and behavioral factors that determine health -- is an enormous undertaking. As a society, we are deeply invested in our current system of health care: financially, professionally, intellectually, and culturally. While many people are ready for change, either because of disappointment with the current system or on the basis of an alternative vision for the future, the momentum of our existing "health industry" is immense, and the assumptions that support it are deeply held. The "turning radius" of our health system is very, very large.

To effect the needed changes, a solid and simple framework for communicating about the determinants of health is needed, as is information on specific *determinants* to fuel and instruct planning and deliberation. Most importantly, we need improved public awareness and understanding of the determinants of health. Public understanding of the determinants of health can be achieved in part -- but only in part -- through the dissemination of information. Public understanding of *determinants* will be advanced more rapidly and more substantially if the determinants of health framework is seen as a useful, practical tool for solving problems: for improving health, for allocating scarce resources, for resolving conflict, for saving money, for setting priorities. Therefore, the KHI must generate reliable and easily understood information about the determinants of health, and -- in order to fulfill its mission -- it must generate this information in the context of the "real world" issues and problems that are being faced in the public, private and academic sectors. Practically speaking, the KHI must give priority to research/data projects and related policy initiatives that, at one time, advance the mission of the Institute *and* solve problems for major partners.

WHERE DOES HEALTH COME FROM?

Charles Gessert, M.D.
President, Kansas Health Institute

Our understanding of "where health comes from" is changing. Almost every week we learn of new findings that illustrate the key roles that personal lifestyles and social conditions play in health. However, few of these concepts have been integrated into our programs or investments in health, which remain concentrated in relatively late interventions, i.e. medical care services and technology for diagnosed conditions. At present, interest in clarifying "where health comes from" and in re-examining how we can best maximize our "return" on our investment in health is growing, fueled principally by concerns about health care costs, uneven health status, relatively poor health status compared with other industrialized nations, and ethical issues.

The traditional view of health, which was widely held until very recently, and is still common today, is that we are "naturally" healthy. In this view, departures from health -- diseases, injuries, and the like -- are seen as "unnatural" and are subject to remediation through health care. That is, *health is the absence of disease*, and the role of health care is to *restore* the individual to the natural state of health through the conquest or elimination of disease. Our vast investment in curative medical care can be understood as an outgrowth of this concept of health. This traditional view was relatively easy to sustain in an era when the population of the country was relatively young; the major health risks were from infectious diseases, injuries, and operable conditions; and medical care was experiencing a rapid expansion of its successes in addressing and resolving major health problems.

It is noteworthy that in the traditional view of health, the patient is largely passive: we are "naturally" healthy, through no specific action of our own; we generally become ill -- through disease or injury -- by chance; and we receive health care services and are restored to health largely as passive (patient) beneficiaries of medical care.

Over the last thirty years, the nation has aged, and the frontiers of health care have shifted. Today, acute illnesses have a smaller impact on the overall health of the population than they did a generation ago, while chronic diseases, conditions related to lifestyle, and problems related to aging have emerged as dominant health issues[1]. The goals of health care have shifted as well, from a predominant interest in *curing* acute illnesses, to a predominant interest in optimizing patients' *health status* and *quality of life.*

Over the last generation, another subtler shift has occurred: we have begun to experience substantial "down-side" effects from our high-technology medical care. These limits, interestingly, are not generally technical, but social in nature. For example, the cost of health care has soared, leading both to burdensome aggregate costs for society and to difficult access/distribution -- rationing -- problems. In addition, more and more patients are unsure of how much and what kinds of high-tech care they *want*, as reflected by questions regarding patients' rights to refuse care, requests for physician assisted suicide, and the rise of a host of ethical issues related to patient autonomy. The rise of these concerns suggests that in the future, progress in health and health care will not hinge entirely on technical advances, but on a better understanding of what is both effective and desirable in the eyes of the community.

Today, we see health as being determined by several factors -- biology, health care, individual behavior (lifestyle), and the social and physical environment -- that act both directly and indirectly (through interaction with each other) on health. Several books have appeared in the last two years addressing the question of "where health comes from,"[2,3] generally emphasizing the importance of social conditions and personal behavior in explaining observed differences in health between populations.

In current thinking, health is seen as an ideal, not wholly attained by anyone. That is, health is not a passive "natural" state, but is optimized by a combination of personal investment in health, referred to as "health capital" by economists;[4] positive social and environmental conditions; and health care services. Clearly, in this view of "where health comes from," the individual is an active participant in maximizing health, the community/society has a major role in crafting the conditions and opportunities that maximize health, and medical care has both a direct impact on specific health conditions and indirect roles in influencing health related behaviors and social conditions.

This new, more comprehensive view of "where health comes from" does *not* simplify questions related to the allocation of resources intended to improve health. In fact, our traditional mind set, which places health care in a central role in "producing" health, has resulted in an artificial -- and to some, inappropriate -- reliance on late, expensive medical interventions to "restore" health or to attempt to compensate for behaviors and/or social conditions which have produced health problems. In the future, we may expect vigorous debate over the distribution of health-related resources, as expanding high-tech capacity competes more and more overtly with primary prevention efforts.

We are called upon, as individuals and agencies concerned about health, to give thoughtful consideration to how health may be maximized. We need to examine our health goals carefully, and articulate them as clearly as possible. We should be mindful of the relative impact of personal decisions, social conditions, and health services on achieving our health goals. Where additional data are needed -- on factors that affect health, on health status, on the effectiveness of various interventions -- we should develop the data systems and research programs that will give us the tools to make better decisions. The question "where does health comes from" opens the door to a new era of improving the health of all, with greater confidence that our investments will be wise and fruitful.

1: Health United States 1995, National Center for Health Statistics, 1996

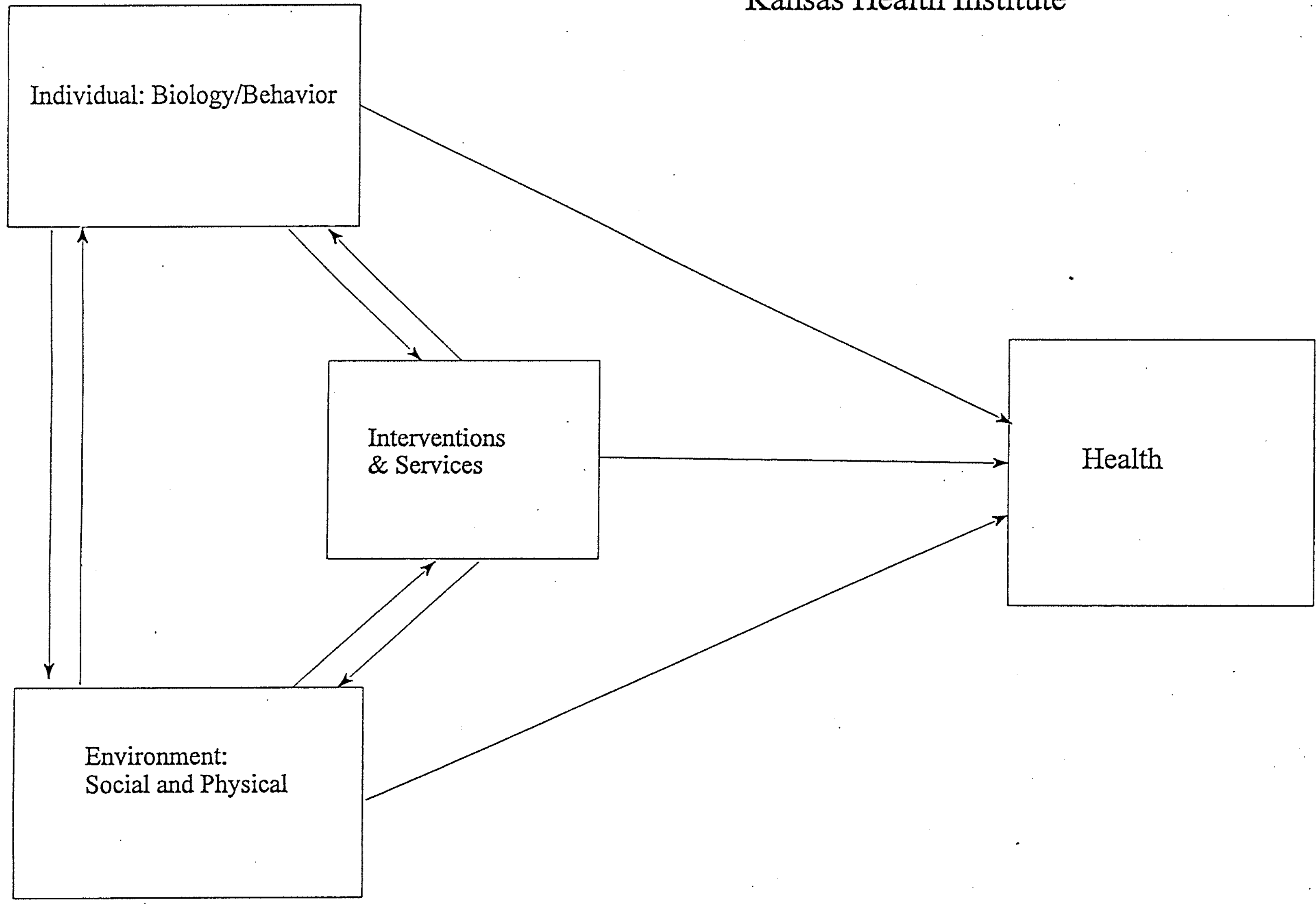
2: Society & Health, B. Amick, et. al., eds., Oxford University Press, 1995

3: Why Are Some People Healthy and Others Not?, R. Evans, et. al., eds., Aldine De Gruyter Press, 1995

4: Grossman, Michael, "The Demand for Health," National Bureau of Economic Research, New York, 1972

January 1997

DETERMINANTS OF HEALTH
Kansas Health Institute



Interrelationships Of KHI Objectives

Identify health determinants & related issues

Develop health data system

Research health determinants

Heighten public awareness

Implement initiatives to improve health

Health of Populations

.ANSAS HEALTH INSTITUTE

6-2

Student Internships

at the

Kansas Health Institute

THE KANSAS HEALTH INSTITUTE offers summer internships for graduate students in health and health-related fields. These eight-week internships provide opportunities for students to develop their research and analytic skills under the guidance of KHI staff and scholars, as well as analysts at affiliated agencies and universities.

KHI Student Interns are selected on the basis of their academic preparation, skills, and interests relevant to the KHI mission. Each internship is planned to further both the professional development of the Intern and the work of the KHI. Interns are provided with a $2,000 stipend and with assistance in locating housing in Topeka.

THE KHI is interested in graduate students in

- public health
- health policy analysis
- economics
- sociology
- medicine
- nursing
- other health professions
- other health-related fields.

THE KANSAS HEALTH INSTITUTE is an independent, non-profit health policy institute based in Topeka, Kansas. Through scholarship and collaboration with public and private partners, we advance health information and research that will be used to affect policies leading to improved health for all Kansans. The KHI emphasizes policy development and research that is applicable statewide, that improves understanding of the social determinants of health, and that builds upon and advances existing health information and research.

INTERESTED CANDIDATES may contact Cindy Pennington at the Kansas Health Institute, 100 S.E. 9th, 3rd Floor, Topeka, Kansas 66612. Telephone (913) 233-5443. Fax (913) 233-1168.