

Approved: 2-16-00  
Date

## MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Chairperson Sandy Praeger at 10:00 a.m. on February 9, 2000 in Room 526-S of the Capitol.

All members were present except:

Committee staff present:

Lisa Montgomery, Revisor of Statutes  
Hank Avila, Legislative Research Department  
JoAnn Bunten, Committee Secretary

Conferees appearing before the committee:

Clyde Graeber, Secretary, Kansas Department of Health and Environment  
Jane Mackey, Assistant Secretary, KDHE  
J. Anthony Fernandez, Ph.D., Dean, College of Health & Life Sciences,  
Ft. Hays State University, and Chairman of the Governor's Public  
Health Improvement Planning Commission

Others attending: See attached list

### **Update on the Governor's Public Health Improvement Commission**

Clyde Graeber, Secretary of the Kansas Department of Health and Environment, shared his thoughts with the Committee concerning the Public Health Improvement Plan as submitted by the Governor's Public Health Improvement Commission. He felt the Plan was one of the most important documents to be presented to the Kansas legislature and to those involved with public health in Kansas. He pointed out that he did not totally endorse all that is contained in the report, but felt it was most worthy and a well prepared overall study and review of the state's public health availability which deserves recommendation for interim study for possible solutions as noted in his written testimony. (Attachment 1)

Jane Mackey, Assistant Secretary, KDHE, addressed the Committee and outlined three primary recommendations and associated goals that the Governor's Public Health Improvement Commission recommends: (1) Leadership and governance: Institute a statewide, continuous public health policy-setting, planning and development process, (2) 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 initiative, and (3) Effective delivery: Develop and enhance a statewide network for delivering professional education, workforce initiatives, communications, and public health related services. KDHE has already started to build on the work of the Commission. The initial planning work was funded by a Turning Point grant supported by the Robert Wood Johnson Foundation and also by the Kellogg Foundation and the Kansas Health Foundation to study public health delivery in Kansas. KDHE has submitted a request for funding which will support activities to improve response to disparities in health status among racial and ethnic minorities in Kansas and to expand information technology connectivity between local health departments and KDHE. (Attachment 2)

J. Anthony Fernandez, Ph.D., Dean of the College of Health and Life Sciences, Fort Hays State University, and Chairman of the Governor's Public Health Improvement Commission, briefed the Committee on the history, recommendations and goals of the Commission. Dr. Fernandez noted that the benefits of pursuing the recommendations of the Commission would be great. A statewide continuous public health policy-setting, planning and development process would foster effective dialogue and ensure policies and actions are directed toward building a public health system that would address the root causes of disease and disparities in the health of the population. He noted that efforts to develop and enhance a statewide network for public health services would result in a more explicitly defined public health system that would strengthen the state and local agencies' capacity to deliver appropriate population-based and personal health services to all Kansans. (Attachment 3) Committee discussion related to the need to establish and endorse the concept of a state-level board for policy setting and strategic planning and an internet connection throughout the state. Senator Becker made a motion that the Committee support the concept of a Kan-Ed internet program because of its ability to reach a broader segment statewide, seconded by Senator Langworthy. The motion carried.

### **Adjournment**

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

The next meeting is scheduled for February 10, 2000.

# SENATE PUBLIC HEALTH AND WELFARE COMMITTEE GUEST LIST

DATE: 2-9-00

NAME	REPRESENTING
<i>John E. Culver</i>	
<i>Tommy Brumby</i>	<i>Gov. Comm. Public Health Assn</i>
<i>Clayde Graden</i>	<i>KDHE</i>
<i>Joe Fund</i>	<i>KDHE</i>
<i>Sally Finney</i>	<i>Ks. Public Health Assoc.</i>
<i>Samantha Hall</i>	
<i>Tim Wood</i>	<i>VCNS</i>
<i>Carolyn Muddendorf</i>	<i>Ks St Ns Assn</i>
<i>Bill Hougill</i>	<i>Governor's Office</i>
<i>Peter Kimble</i>	<i>KANP</i>
<i>Bob Harder</i>	<i>Independent</i>
<i>LARRY FROELICH</i>	<i>BOARD OF PHARMACY</i>
<i>Brad Hubin</i>	<i>Ks Pharmacists Assoc.</i>
<i>Gary Brown</i>	<i>Washburn U.</i>
<i>JEFF EDDY</i>	<i>WASHBURN U.</i>
<i>Christina Vasquez</i>	<i>Washburn University</i>
<i>John J. [unclear]</i>	<i>Washburn U.</i>
<i>Kaina S. [unclear]</i>	<i>Washburn U.</i>
<i>Diana VanStone</i>	<i>Washburn U.</i>





**KANSAS**  
**DEPARTMENT OF HEALTH & ENVIRONMENT**  
**BILL GRAVES, GOVERNOR**  
**Clyde D. Graeber, Secretary**

---

---

**Remarks by Clyde D. Graeber, Secretary**

**Kansas Department of Health and Environment**

**Presented to**

**Senate Public Health and Welfare Committee**

**Public Health Improvement**

**February 9, 2000**

Good Morning, Madam Chair and Members of the Senate Public Health and Welfare Committee! I sincerely appreciate this opportunity of sharing with you for a few minutes my thoughts concerning the Public Health Improvement Plan as submitted by the Governor's Public Health Improvement Commission in December of 1999. I truly feel this is one of the most important documents to be presented to the Kansas Legislature and to those of us involved with Public Health in the State of Kansas. The funding for the Public Health Improvement Commission came through the Robert Wood Johnson Foundation and was the result of a Turning Point Grant. There could not be a better title for the grant because truly we are at a turning point in public health delivery for our state. As we begin the new millennium Kansas must be ready to address the changes and demands that are occurring with our population, the makeup of that population, and what will be needed in regard public health and public health delivery in our state. We already realize that Kansas ranks as a state with one of the highest percentages in the nation of elderly population. According to recent reports, Kansas is either sixth or seventh in the nation with a very high percentage of elderly. When we consider that we are still losing many of our young people as they graduate from our fine colleges and universities and move to other states, and as our elderly live longer, that percentage of elderly is going to increase and make our health demands even greater.

When we consider that fact and also consider that at the present time Kansas ranks almost at the bottom of the fifty states as to state and local dollars committed to public health, we must realize the challenge that lies before us. According to recent figures that I've read, Kansas ranks 46<sup>th</sup> out of 50 states in dollar investment per capita for public health needs and services.

Consider the current funding that our state provides for public health services and realize that in fiscal year 1999, fiscal year 2000, and the budget for 2001, dollars committed to our local public health departments have remained static. When you take into account current reports that indicate in 1998 wholesale prices for the 50 most commonly used prescription drugs by the elderly, rose by 6.6% and yet the overall inflation rate that year was just 1.6%, we have problems. Researchers have also found that in the five year period between January 1994 and January 1999, prices for the same 50 prescriptions rose 25.2%, nearly double, overall inflation for the same period. Statistics like these show the strain and financial threat for delivery of health services to some of the most vulnerable of our population; that being the elderly, the working poor, and the uninsured. Each year, when the Legislature meets, we make sure that we fund Public Education, so that well over 60% of the state's General Fund goes to education, and yet another segment of our population, those who depend on our public health system for assistance with such services as home health care, physicians assistance, and medication, continue to be as they say 'poor cousins' in the overall scheme of funding and commitment.

I do not totally endorse all that is contained in this report. And yet it certainly is a most worthy and well prepared overall study and review of our states public health availability. This report deserves your review and commitment for its consideration. There are many things contained herein that deserve recommendation for interim study for possible solutions. I commend the members of the Governor's Public Health Improvement Commission and particularly Dr. Fernandez as Chairman, for the many hours of meetings, hours of study, and drafting that went into this report. You and I should look toward this report as the cornerstone for future planning to address the public health needs of the citizens of Kansas. KDHE has applied for additional funding through the Robert Wood Johnson Foundation for an implementation grant to go along with this study, but it will take the support and commitment of the Kansas Legislature's Public Health Committees to make sure that we move forward to meet the challenges that face Public Health in year 2000 and beyond.





**KANSAS**  
**DEPARTMENT OF HEALTH & ENVIRONMENT**  
**BILL GRAVES, GOVERNOR**  
**Clyde D. Graeber, Secretary**

---

**Presentation of the Public Health Improvement Plan**  
**Kansas Senate**  
**Public Health and Welfare Committee**  
**Wednesday, February 9, 2000**

Thank you for the opportunity to review the highlights of the Public Health Improvement Plan. I hope by now you have all had a chance to review the report and appreciate the scope and magnitude of the project undertaken by the Governor's Public Health Improvement Commission. The nine members of the Commission spent countless hours traveling the state and meeting with Kansans who had an interest in our public health system. The Commission convened eight task forces, conducted several surveys, and held or participated in more than 50 meetings. More than 500 health leaders and stakeholders participated.

As a result, the Commission recommends that Kansas leaders consider three primary recommendations and the associated goals:

- 1) **Leadership and governance:** Institute a statewide, continuous public health policy-setting, planning and development process.
- 2) **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.
- 3) **Effective delivery:** Develop and enhance a statewide network for delivering professional education, workforce initiatives, communications, and public health related services.

KDHE has already started to build on the work of the Commission. This initial planning work was funded by a Turning Point grant supported by the Robert Wood Johnson Foundation and also by the Kellogg Foundation and the Kansas Health Foundation. The Turning Point program has announced additional funding is available for implementation grants. KDHE has submitted a request for funding which will support activities to improve our response to disparities in health status among racial and ethnic minorities in Kansas and to expand information technology connectivity between local health departments and KDHE. All indications are that our proposals will be favorably received; we should know about the funding in late March. The Secretary has promised that if funds are available, KDHE will continue the planning effort incorporating the stakeholders who so diligently worked during the phase one process.

Thank you for your interest in this assessment of public health in Kansas. I would be happy to answer any questions.

Testimony of

J. Anthony Fernández, Ph.D., Dean  
College of Health and Life Sciences  
Fort Hays State University  
Hays, Kansas

on

The State of Kansas Public Health  
Improvement Plan for Promoting Health  
in the 21<sup>st</sup> Century

Made before:

The Senate Public Health and Welfare Committee

Senator Praeger, Chairperson  
Senator Salmans, Vice Chairperson  
Senator Becker  
Senator Bleeker  
Senator Hardenburger  
Senator Langworthy  
Senator Steineger  
Senator Jones  
Senator Lee

February 9, 2000

Senate Public Health and Welfare  
Date: 2-9-00  
Attachment No. 3

*To improve the public's health will require the participation, collaboration, and cooperation of many stakeholders -- federal, state, and local -- public and private.*

Remarks to the Governor's Public Health Improvement Planning Commission by Judy Krueger, Secretary of Appointments, November 6, 1997

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 effectively protect and promote Kansans' health in the 21<sup>st</sup> Century.

The Commission convened eight task forces, conducted several surveys, and held or participated in more than 50 meetings during the assessment and recommendation development process. More than 500 health leaders and other stakeholders have participated. *Mobilizing Voice for Public Health Improvement in Kansas* recognizes the many participants in this process. The findings from the assessment phase are summarized in *The State of Public Health in Kansas*. These findings were the basis for the recommendations detailed in the document, *The State of Kansas Public Health Improvement Plan for Promoting Health in the 21<sup>st</sup> Century*.

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:** *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



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.

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 informational 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.

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 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 21<sup>st</sup> Century - just as it was at the beginning of the 20<sup>th</sup> 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.

The Governor's Public Health Improvement Commission for the State of Kansas

Commission Members:

J. Anthony Fernández, 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