

Rep. Don Hill, a pharmacist and Republican from Emporia, holds a similar impression.

"I've sort of watched them evolve and expand in the 10 years I've been there," he said. "It is such a robust resource. Independent, nonpartisan and just solid."

One way KHI has evolved is by paying more attention to fiscal issues, St. Peter said. It's no coincidence that Duane Goossen, a state budget director for 12 years under three governors, was brought on board as KHI's vice president for fiscal and health policy.

Without taking its eye off key health behaviors and the public health infrastructure, St. Peter said, "We have really come to understand how important the budget and fiscal issues are in setting the rules of the game."

Researching an issue is only half the battle, St. Peter notes. Then it's up to KHI's "very robust" communications staff to transfer that knowledge to policy makers and the general public through news releases and reports, testimony in legislative hearings, one-on-one sessions and larger meetings.

"We don't just try to generate knowledge," St. Peter said. "Why we were created was to actually inform people."

Sarah Gillen, director of programs for the National Network of Public Health Institutes in New Orleans, said KHI is "definitely a leader in communications. In addition to a strong analytic staff, they are able to take that information and disseminate it widely for a range of audiences."



The Kansas Health Institute is based in Topeka

The KHI News Service, launched five years ago, is often described as a pioneer in the emerging field of nonprofit journalism. That, and developments such as the Robert Wood Johnson Foundation choosing KHI to lead the national \$4 million shared services project, have upped the organization's profile. But St. Peter says KHI has no plans to go "chasing after money" and will remain focused, for the most part, on issues relevant to our state.

The steady stream of funding from the Kansas Health Foundation has enabled KHI to remain independent of pressures that plague some institutes. The other stabilizing factor, Coen and others say, is St. Peter. "Bob's been a great leader," Coen said. "His commitment to improving health in the state is extraordinary."

Even as KHI's reputation and outreach have grown, St. Peter says it is a constant focus to avoid any hint of partiality in all research and the resulting reports. The ability to always remain – and just as important, be perceived as – nonpartisan has allowed KHI to effectively inform policy discussions regardless of the political persuasion of any particular governor or legislative leader.

This neutrality is something experts agree is imperative to continuing and expanding KHI's work in the future, especially with the fluid nature of state politics.

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*Steve Coen, Kansas Health Foundation president and CEO*

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“I think they've had to be careful,” Judith Miller Jones, of the National Health Policy Forum, said. “Each state has its own unique dynamics.”

And as KHI looks to the future, those who've grown to know KHI's work over the years are eager to see where the organization goes from here. According to Coen, KHI has been at the forefront of identifying emerging issues and how they may impact Kansas.

“It's impossible to tell what the headline issues affecting health in Kansas will be in the years to come, but I can assure you KHI will be constantly monitoring the landscape,” he said. “A lot of people count on KHI for their information now, which has been the goal from the beginning.”

Regardless, St. Peter said KHI's core mission remains the same – informing policy makers and the public without taking sides on issues.

“The issues will change, the technology will change and our data-gathering approach may even change,” St. Peter said. “What won't change will be our core mission and our core values. We will still be committed to research, committed to informing the public policy discussion of the state, and committed to the health issues impacting Kansans.”



## Highlighted KHI Programs

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## KHI academy creates expertise and working relationships in legislature

Getting busy people to volunteer for 60 hours of training isn't an easy sell, and Kansas' part-time citizen legislators are some of the busiest people around.

Nevertheless, nearly two dozen state senators and representatives have done just that as part of the Kansas Legislative Health Academy, hosted by the Kansas Health Institute since 2009.

"At first, that time commitment was a little overwhelming," said Vicki Schmidt, a pharmacist and state senator from Topeka. "But after the first session, I knew I'd made the right decision."



Sen. Vicki Schmidt and Rep. Jim Ward

Using a grant from the Kansas Health Foundation, KHI designed the legislative health academy to inform health policy in the state. The academy immerses participants not only in health policy, but also in civic leadership, ethics and systems analysis as related to that policy.

Schmidt, a member of the first academy class, said the federal Affordable Care Act "was a huge topic at the time. The expertise they were able to bring to speak to us was outstanding. They had people come in from all over the country."

Sessions on systems analysis also made a deep impression on Schmidt.

"They talked about how levers in systems work," she said. "If you open this lever up, then it has an effect on down the line. Those are simple concepts, but when you're talking about legislation and health care issues, it brought a different meaning to how I should think about it."

According to Sen. Pat Apple, a Louisburg Republican, the complex nature of health care makes an experience like the academy all the more crucial.

"A significant portion of our state budget goes toward health care, and that percentage grows every year, and it's extremely complicated," Apple said. "So for someone who doesn't serve on a health committee, it was

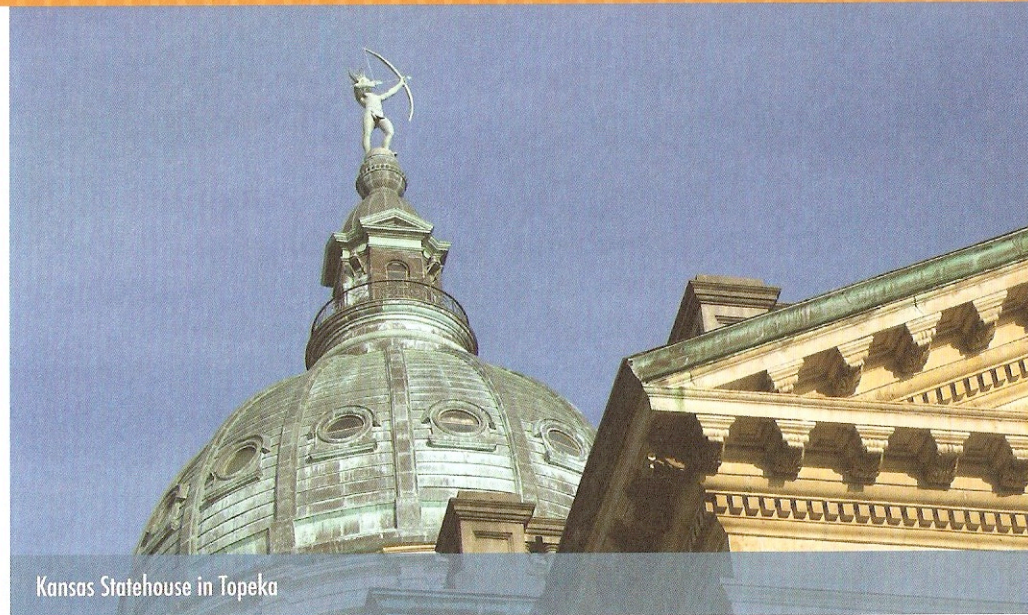
very beneficial to me so that I could understand and either help a constituent who has a problem or make sense of some of the policy issues we have to deal with.”

Just as important, Schmidt said, was the time lawmakers spent socializing outside of the sessions, which were held at a south-central Kansas lodge.

“There were legislators of various political persuasions in the class,” said Schmidt, a Republican. “In the evening, we would bond together and talk about things not related to the legislature. I think it is very important for me as a legislator to get to know my colleagues on a different level. It helps to know where someone’s coming from, even though we may disagree on policy issues.”

Schmidt, who chaired the Senate Health Committee, said her House counterpart was part of that first academy class as well. “I think that made our conference committees go much smoother than they would have,” she said.

“ *... it was very beneficial to me so that I could understand and either help a constituent who has a problem or make sense of some of the policy issues we have to deal with.* Sen. Pat Apple



Kansas Statehouse in Topeka

Rep. Jim Ward, a Wichita lawyer and Democrat, took away similar lessons from his experience in the academy’s second class.

“Did it change policy? No,” Ward said. “Did somebody go in saying, ‘I hate health care reform and now I love it?’ No. But it did help them build relationships as we dealt with some fairly controversial subjects in 2012.”

As an example, Ward said he worked with the late Rep. Bob Bethel, a Republican from Alden, to ensure that the concerns of disabled Kansans were taken into account during the transformation of the state’s Medicaid program. Ward and Bethel disagreed on many other issues. But partly because of the relationship they developed during the academy, Ward said, “one didn’t prohibit the other from happening.”

# Wyandotte County and KHI team up to tackle long-standing health issues

Who could blame Joe Reardon for being defensive? After all, the Kansas Health Institute had just ranked Wyandotte County, where Reardon is mayor, last in the state in terms of community health.

"I think my initial reaction was what you'd typically expect from the elected leader of a community," said Reardon, leader of a unified government that includes Wyandotte County and Kansas City, Kan. "I immediately started to question the data itself."

But soon, he added, "I made the decision as mayor to own this issue. I felt that many of these issues were legacy issues, and as we became stronger economically, we needed to tackle these issues."

The 2009 report by KHI was a pioneering effort looking at 30 different indicators of community health (since then, others have produced county health rankings nationwide). Wyandotte County suffers from a host of socioeconomic problems, from low educational attainment, birth weights and air quality to high rates of poverty, violent crime, teen pregnancy, sexually transmitted disease and other unhealthy behaviors.

After going over the research with KHI staffers, Reardon created a task force and held a series of meetings with community leaders and regular citizens to gauge their areas of greatest concern. When the task force

## Tangible signs of progress

- The county passed a "complete streets ordinance," requiring it to consider the needs of pedestrians and bicyclists any time a street is put in or redeveloped. A parkway in northeast Kansas City, Kan., was reopened with sidewalks, which prompted a local church to organize monthly walks there. Additionally, the county secured a \$190,000 grant from the Health Care Foundation of Greater Kansas City to create a master sidewalk and trails plan.
- The county's largest school district has decided to serve only low-fat milk to elementary school students four days a week.
- The county has used tax incentives to help three supermarkets open or renovate in underserved neighborhoods.

had whittled down a list of priorities to five, Reardon appointed a steering committee made up of four action teams to develop strategies for achieving goals.

Additionally, Reardon said, "one of the results that I don't think can be overestimated is that we have a vibrant working group of community leaders committed to a common vision and willing to put effort toward it."



Joe Reardon, mayor and CEO of the unified government of Wyandotte County and Kansas City, Kan.

Reardon said KHI was helpful at every step in the process, assigning a staffer, Caitlin McMurtry, to work closely with him. McMurtry has recently taken a full-time assignment working with the county.

“Without that level of engagement by KHI, I don’t think our Healthy Communities Initiative would have gone forward,” Reardon said.

The county’s response prompted the Robert Wood Johnson Foundation to provide a \$100,000 grant to create a learning laboratory in Wyandotte County – “sort of a national demonstration site for how you use the rankings to spur action,” said McMurtry, who’s in charge of that project as well.

Like Reardon, McMurtry believes the measures are working, even if progress takes time.

“I do,” she said. “The tangible results are sort of slow coming. It’s a lot harder to measure what we’re doing. But we do see health as part of community conversations more often, and we’re really starting to see a shift in how people think about their quality of life. I think it will take a longer time to see policy change that reinforces cultural change, and an even longer time to see a change in those rankings.”



The complete streets ordinance increased sidewalks and walking paths in Wyandotte County

## KHI heads national project to pool resources and control cost

"Consolidation," "cooperation" and "sharing of services" are often considered dirty words when the talk is about governmental entities. But if those approaches can improve efficiency and quality of service, they deserve to be put on the table for discussion.

It's a measure of the Kansas Health Institute's reputation that KHI was, this year, chosen to lead a project aimed at helping local health agencies across the country share services. The national scope of the program, funded with \$4 million from the Robert Wood Johnson Foundation, doesn't mean KHI is leaving Kansas behind. On the contrary, expanded sharing of services is expected to take place here as elsewhere. It was KHI's previous work on this subject that led RWJF, the nation's largest philanthropy devoted exclusively to health, to choose it in a competitive application process.

"They really have the credibility to do that, to understand how this issue plays out," said Sarah Gillen, director of programs at the National Network of Public Health Institutes, of KHI. "Not only are they a well-respected information source in Kansas, but they are now shaping thought throughout the nation."

The project is related to a push for the accreditation of local health agencies that started building 10 years ago, according to Dr. Gianfranco Pezzino, a senior fellow with KHI and co-director of the shared services project.

"When those standards (for accreditation) were being developed, it didn't take very long for small health departments to realize that many of those things were beyond their reach," Pezzino said.

For instance, a small rural health department could not typically afford to hire a full-time epidemiologist, whose specialty is investigating



Dr. Gianfranco Pezzino leads a discussion on the Center for Sharing Public Health Services

outbreaks of diseases, and there wouldn't be enough work to justify one, anyway. But a handful of small health departments might be able to afford to share one.

Pezzino, who has both a medical degree and a master's in public health, has been studying the trend toward shared services for almost a decade. In some cases, health departments place their services under one administrator and budget.

But, as Pezzino notes, "that's not always a popular choice, especially

in states like Kansas where people value home rule" – and the keeping of local tax dollars for local use. However, Kansas did create 15 regions around the state to administer the influx of federal emergency preparedness money that followed the 9/11 attacks.

As part of the RWJF-funded project, Pezzino will work with 18 competitively selected sites across the country that are considering or implementing regional or shared public health services.

“ *The most important thing about working toward accreditation is that we think we're improving the health departments in Kansas.* ”  
Gianfranco Pezzino, KHI senior fellow

Pezzino has also helped local health departments understand what they'll need to do to get accredited. Among other things, departments must produce a community health assessment and plan for improvement. Accreditation is now voluntary, but it's not hard to imagine a future in which government funding is contingent on accreditation.

For Pezzino, the real goal is not a certificate of accreditation.

"The most important thing about working toward accreditation is that we think we're improving the health departments in Kansas," he said. "Whether they get accredited or not almost becomes a secondary question."

