

A Special Report on the Kansas Health Institute

Informing Policy for a Healthier Kansas



Kansas Health Foundation



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“They’re a great asset for the state.”
Kenny Wilk, former state representative

Kansas Health Institute: A key resource for our state

As Kansas lawmakers debated a ban on indoor smoking in public places in 2008, one potential stumbling block was the idea that bars and restaurants would suffer as a result.

The Kansas Health Institute addressed that objection by collecting, analyzing and presenting hard sales revenue data from the hospitality industry in Lawrence, which had enacted its own ban several years earlier. The Kansas Indoor Clean Air Act became law.

“What we tried to say is that there are a lot of legitimate issues – questions about the role of government and the balance of control – that should be in the discussion, but don’t waste your time arguing about whether secondhand smoke is harmful and whether bars and restaurants will be hurt,” Dr. Robert St. Peter, president and CEO of KHI, said. “Our data showed it doesn’t reduce revenue for those industries.”

The episode provides a classic example of what the Topeka-based KHI has become known for over the years – timely, relevant research that policy makers across the state can rely on when making decisions that affect the health and well-being of Kansans. That, and a reputation for objectivity, has won it fans on both sides of the political aisle.

“I view it as a tremendous asset and resource for policy makers, particularly in Topeka, but really throughout the state,” Kenny Wilk, a former Republican legislator who led Gov. Sam Brownback’s 2010 transition team, said of KHI. “They’re a great asset for the state.”

“If things like the Kansas Health Institute go away, then policy is not as good,” Rep. Jim Ward, a Democrat from Wichita, said. “I wish we had a Kansas School Institute and a Kansas Energy Institute.”

According to Donald Stewart, a retired executive of the Kansas Health Foundation and an instrumental figure in the creation of KHI, informing



Dr. Robert St. Peter, KHI president and CEO

the discussion about key health-related topics was one of the primary hopes people had during the organization’s founding.

“At that point in time, there was little to no public health research available that was specific to our state or our communities,” Stewart said. “It is very difficult to make informed and effective decisions if you’re not able to see the whole picture.”

Since its inception, this informational role has served as the backbone of KHI’s work, though the organization’s efforts extend far beyond simply compiling reports. Formed in 1995, KHI has raised its profile in recent years through a number of programs without losing sight of its primary role as a research institute. Outside the state, KHI is viewed as an innovator.

Highlighted programs

- Hosting a legislative academy that immerses lawmakers in the study of health policy, ethics, civic leadership and systems analysis
- Compiling a county-by-county health ranking and then assisting in a major push for improvement in one the state’s poorest communities
- Leading a national project designed to help local health agencies share resources and control costs
- Creating a nonprofit news service devoted to the coverage of health issues at a time when traditional media outlets are struggling

“If you look at the Kansas Health Institute, it is one of the premier state-based policy forums in the country,” said Judith Miller Jones, director of

the National Health Policy Forum at George Washington University in the nation’s capital. “Everyone emulates it.”

Despite the respect KHI has won among decision-makers and the fact it has been replicated by other states across the country, many regular Kansans may have never heard of KHI. At a time when health issues are dominating public policy discussions, it is important to highlight the organization’s work, as well as its history.

“*If you look at the Kansas Health Institute, it is one of the premier state-based policy forums in the country.*”
 Judith Miller Jones, National Health Policy Forum director

KHI is a nonprofit research organization located in the shadow of the State Capitol. It started with a grant from the Wichita-based Kansas Health Foundation and still relies on that nonprofit organization for approximately 80 percent of its annual budget, which currently totals \$4 million. Other funds come from government and private sources.

“When KHI was founded, the Foundation viewed it as a long-term strategic investment to create and sustain an organization that could make a major impact on health in Kansas,” said Steve Coen, president and CEO of the Kansas Health Foundation.

Early in its history, St. Peter concedes, KHI earned a reputation for producing somewhat esoteric research that may not have been particularly relevant to what was happening in Kansas. St. Peter, a physician, researcher and policy expert who joined the institute in 1998, set out to change that.

“One way I try to describe our work is that we don’t do empirical academic research,” he said. “That’s a very noble goal, but our goal is to conduct much more applied research, and basically to answer

questions that need to be answered from policy makers in Kansas. We know exactly who our audience is and we’re doing it in response to their needs.”

KHI decides which research topics to tackle in one of three ways: by closely monitoring what’s happening in Topeka and around the state; by directly responding to requests from lawmakers and governmental agencies; and by bringing back to Kansas ideas from around the country that might have relevance here.





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From scores of projects undertaken over the years, a select group of examples helps show the range of KHI research

- In response to concerns about uninsured children, KHI used data from the state to show that thousands of Kansas children and their families were passing in and out of the Medicaid and Children's Health Insurance Program (CHIP) because their incomes were right around the threshold requirements, a pattern known as "churning." The eligibility requirements were adjusted to better serve those populations. "We were in regular contact with the people running Medicaid and CHIP and really helped them develop the regulations around the programs that made them run better," St. Peter said.
- Taking a cue from studies in other states, KHI conducted research on obesity and disparities in health care for minorities that helped focus attention on those issues. "We were really sort of pushing the envelope," St. Peter said. "From our work around the country, we knew a lot of states were working on it. Kansas was not. Believe it or not, it wasn't like everybody was talking about obesity like they are today."
- As the federal Affordable Care Act was approved and then largely upheld by the U.S. Supreme Court, KHI produced detailed findings of just how many Kansans would be affected by each provision of the legislation, including estimates of the number of people who might participate in the sort of health insurance exchange now mandated.

"Data and information need to be dynamic in order to keep up with the needs of a state," Coen said. "The connections KHI has made on a national level have also served the state well, as oftentimes the health issues and discussions in one state mirror those within our own."

Today, KHI has nearly 30 employees, the majority of them analysts and communication specialists from the fields of health care, government, academia and the media.

St. Peter described his staff as an eclectic group of professionals who are specialists in some areas but need to be generalists to traverse all of the ground covered by health issues. KHI projects are almost always collaborations among two or more staff members, he said.

"On a personal level, we have a group of people who are really committed to our nonprofit mission of improving health in Kansas," St. Peter said.



A panel, moderated by St. Peter, discussing the impact of the Affordable Care Act



Duane Goossen, KHI vice president for fiscal and health policy

The KHI website brims with research, legislative testimony, news stories and other reports covering dozens of topics ranging from child care and rural health to tobacco use, nutrition and physical activity.

For Sen. Pat Apple, a Republican from Louisburg, the research provided by KHI plays a key role in legislative process.

"What we do in the legislature is we take an issue, we run it through the process, and through that process you try to gather as much good information as you can so you can make a good decision," Apple said.

"Getting that good information ultimately leads to making a good decision for the people of Kansas."

Kenny Wilk, currently a member of the Kansas Board of Regents, said he often asked KHI for information while serving in the Kansas House of

“ *On a personal level, we have a group of people who are really committed to our nonprofit mission of improving health in Kansas.* **Robert St. Peter** **”**

Representatives. "My favorite example is I wanted to get an estimate of total taxpayer dollars that go into the health care system – approximately what percent of the total would that be?" Wilk said. "Nobody would take on that question. KHI did and kept updating it for years."

The state's Legislative Research Department staff "is great," Wilk said, "but they've got all kinds of things to work on and they get spread out in a lot of different directions. KHI is really focused on health care and all those issues."

Wilk said he thinks KHI has gotten a little bolder over the years while still maintaining a reputation for objectivity.

"I don't think they've shied away from the health care reform issue and trying to help the state understand that one," he said. "They could have taken a pass on that."



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.

“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.”
Steve Coen, Kansas Health Foundation president and CEO

“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.”





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then policy is not as good. Rep. Jim Ward*

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Highlighted KHI Programs

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.

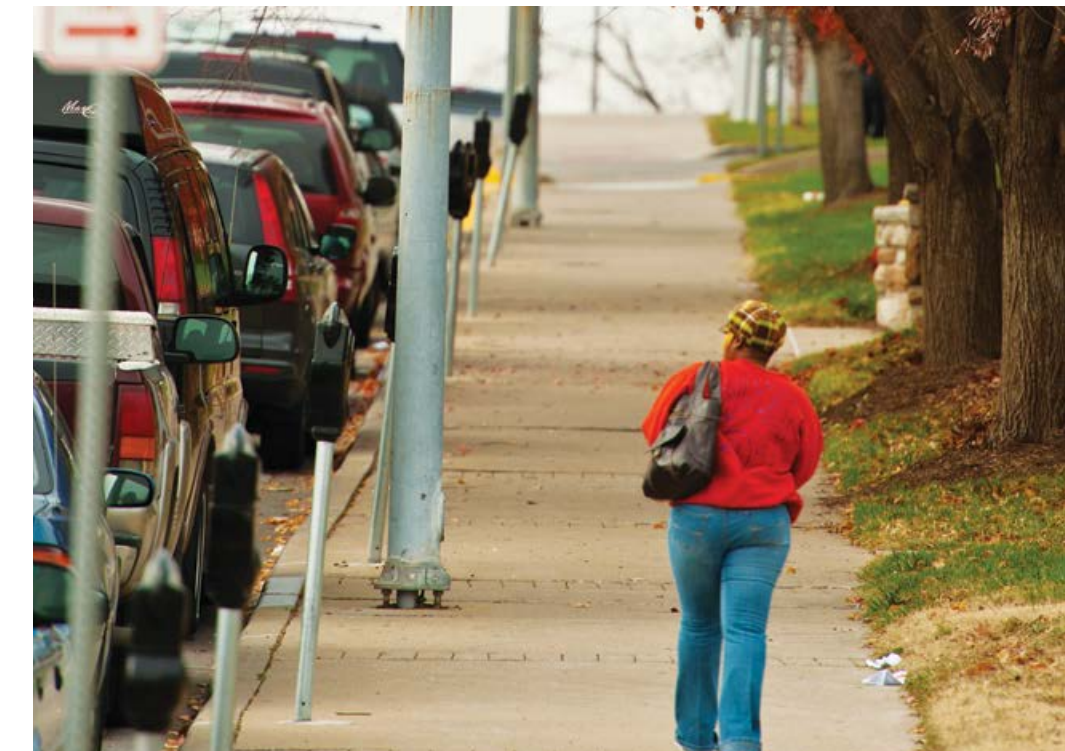
Reardon said KHI was helpful at every step in the process, assigning a staffer, Caitlin McMurtry, to work closely with him. McMurtry has recently taken a full-time assignment working with the county.

“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

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.”



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

KHI News Service is a leader in nonprofit health journalism

By 2006, Jim McLean was seriously worried about the news business where he'd spent most of his career.

"It was pretty obvious to me that newsrooms were shrinking, and with that, their commitment to public journalism," said McLean, who was a managing editor at The Topeka Capital-Journal before joining KHI in 2005 as vice president for public affairs.

McLean's solution was for the Kansas Health Institute to start its own online news service. Since launching six years ago, KHI News Service has provided in-depth coverage of health issues and the public policy debates surrounding them.

Joining McLean on the KHI News Service staff are Mike Shields, a former city editor at the Lawrence Journal-World; Dave Ranney, a former reporter for The Wichita Eagle; and Phil Cauthon, who's worked for the Houston Chronicle as well as publications in Topeka and Lawrence.

"People used to joke, 'you guys now have the best newsroom in the state,'" McLean said.

One thing's for sure: KHI is often the only news organization represented in the legislative subcommittee meetings and other venues where public policy on health issues is formed.

"It really provides a service that no one else has the expertise to do,"



Jim McLean, with KHI News Service, in action

Susan Lynn, editor and publisher of The Iola Register, said. "You know this KanCare story? I run all their stories on that, and everything they've done on Medicaid, health insurance, all those things."

McLean said one goal of the KHI News Service is to increase the volume and quality of health issues coverage. Another is to raise the visibility of KHI itself. But he is adamant that KHI News Service is run independently of the institute.

"Certainly they've written some stories that have generated heat out in the state," Dr. Robert St. Peter, president and CEO of KHI, said. He goes so far as to say that a series of stories the news service published in 2010 on then-gubernatorial candidate Sam Brownback "crossed the line," in his opinion.

But St. Peter said he's never tried to block a story.

Kaiser Health News and several Kansas newspapers, radio and TV stations run the news service's free reports verbatim. Journalists at other Kansas news outlets rely on KHI to inform their reporting and their editorials.

"We think that's a success as well," McLean said.

The other key audience is policy makers.

"They shed light on issues that wouldn't get a lot of reporting otherwise," said Shannon Cotsoradis, who heads Kansas Action for Children, an advocacy group. For example, she said, "when the governor proposed



Dave Ranney, KHI News Service staff writer

eliminating Kansas Head Start, that was a story they broke and covered in depth during the course of the (legislative) session. They really put a face on the impact of that proposed policy change."

McLean said the news service plans to move to a different floor in the KHI building, further emphasizing its independence. And he's open to suggestions from Lynn and others that the news service more aggressively market itself to media outlets.

"We're about ready to head down that road," McLean said.



KHI vision

Healthier Kansans through informed policy that addresses the many factors influencing health.

KHI mission

To inform policy makers by identifying, producing, analyzing and communicating information that is timely, relevant and objective.

To actualize our vision and achieve our mission, we believe that a broad approach is needed. To make decisions that optimize the health of Kansans, policy makers must understand how our health is influenced by a range of factors. Among these are the lifestyle choices we make, our socioeconomic status, our diversity, our schools, the quality and connectedness of our communities and the financing, organization and effectiveness of our public health and health care systems.

KHI carries out its mission of helping policy makers understand the linkages between these factors and the health of Kansans in several ways. We conduct research and provide policy analysis. We convene conversations and sponsor educational forums. And we provide in-depth coverage of urgent and emerging issues through the KHI News Service.

