

The Organization of Public Health and Environmental Functions in Kansas

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Matthew D. Shepherd, PhD
Kansas Health Institute

Gregory C. West
Kansas Health Institute

William L. Hargrove, PhD
Kansas State University

Tina S. Shoemaker, MHA, CHE
American Informatics, Inc.

Robert F. St. Peter, MD
Kansas Health Institute



KANSAS HEALTH INSTITUTE

Topeka, Kansas

Healthier Kansans Through Informed Decisions

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Study Authors

Matthew D. Shepherd, PhD, is a researcher at the Kansas Health Institute.

Gregory C. West is a research assistant at the Kansas Health Institute.

William L. Hargrove, PhD, is director of the Kansas Center for Agricultural Resources and the Environment (KCARE) and a professor at Kansas State University.

Tina S. Shoemaker, MHA, CHE, is the president of the Health Care Division of American Informatics, Inc.

Robert F. St. Peter, MD, is the president of the Kansas Health Institute.

Contact Information

For more information about this report, please contact Billie Hall, Director of Public Affairs, Kansas Health Institute, 100 SE Ninth Street, Third Floor, Topeka, KS 66612-1212; phone (785) 233-5443; fax (785) 233-1168; email: bhall@khi.org.

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Steven Adams, Kansas Department of Wildlife and Parks
Susan Adamchak, PhD, Planning and Evaluation Consultation
Randy Allen, Executive Director, Kansas Association of Counties
Andrew Allison, Researcher, Kansas Health Institute
Richard Antonio Executive Director, Water PACK
Marla Augustine, Public Information Officer, Nebraska Health and Human Services System
Charles Benjamin, JD, Legislative Coordinator, Sierra Club/Natural Resources Council
Lisa Benlon, Representative, State of Kansas, House of Representatives
Dick Bond, President of the Senate, State of Kansas, Senate Chamber
Gerry Bonnette, South Carolina Pork Board
Garry Boston, Representative, State of Kansas, House of Representatives
Donald Brown, Public Information Officer, Kansas Department of Health and Environment
Jack Brown, Director, Sedgwick County Department of Community Health
Steve Brown, Director of Research, Environmental Counsel of the States
Douglas Bryant, Deputy Commissioner of Health, South Carolina Department of Health and Environmental Control
Steven Cady, Nebraska Pork Producers Association
John Callen, Kansas Independent Oil and Gas Association
Roger Carlson, PhD, Director, Kansas Health and Environmental Laboratory, Kansas Department of Health and Environment
Lash Chaffin, Nebraska League of Municipalities
Patty Clark, Public Affairs Director, Kansas Farm Bureau
Barth Couch, Pheasants Forever
Donna Culbreath, South Carolina Department of Health and Environmental Control
Glen Curtis, Region VII Branch Leader, Environmental Protection Agency
Jack Daniel, Administrator, Nebraska Department of Health and Human Services Regulations and Licensure
Randy Disconia, Director of Health, National Governors Association
S. Edwards Dismuke, MD, Chairman, Department of Preventive Medicine, University of Kansas Medical School
Clark Duffy, Assistant Director, Kansas Water Office
Kerri Ebert, Executive Director, Kansas Dairy Association
Ronald Eckoff, MD, Medicaid Director, Iowa Department of Public Health
Anthony Fernandez, PhD, Chair, Governor's Public Health Improvement Commission
Willa Fisher, MD, Health Officer, Bremerton-Kitsap Counties Health Department, Washington

Edwin Fonner, Jr., PhD, Executive Director, Governor's Public Health Improvement Commission
Jo Ann Freeborn, Representative, State of Kansas, House of Representatives
Steve Frost, Executive Director, Kansas Association of Groundwater Management Districts
William Fuller, Associate Director, Public Affairs Division, Kansas Farm Bureau
Ron Gaches, JD, President, McGill, Gaches & Associates, Inc.
Ed Garner, Executive Director, Kansas Association of Local Health Departments
Raney Gilliland, Principal Analyst, Legislative Research
Larry Gordon, Senior Fellow, Institute for Public Policy; Adjunct Professor, University of New Mexico
Clyde Graeber, Secretary, Kansas Department of Health and Environment
Dennis Grams, Regional Administrator, Environmental Protection Agency
Frankie Greenburg, MD, Director of Regional Operations Division, Environmental Protection Agency
Margaret Grubiak, Research Assistant, Kansas Health Institute
Paul Guthrie, Program Analyst, Environmental Protection Agency
Ronald Hammerschmidt, PhD, Director, Division of Environment, Kansas Department of Health and Environment
Neil Hann, Deputy Chief of Health Promotion and Policy Analysis, Oklahoma Department of Health
Robert Harder, Consultant, Midland Professional Services
Joseph Harkins, Director, University of Kansas Capitol Center
Ross Harrison, Chief of Education Information, Iowa Department of Natural Resources
William E. Harrison, PhD, Deputy Director, Kansas Geological Survey, University of Kansas
Dick Hayter, PhD, Associate Dean for Extension, College of Engineering, Kansas State University
Joel Hirschwin, Director of Environment, National Governors Association
Theresa Hodges, Director, Bureau of Environmental Field Services, Kansas Department of Health and Environment
Kent E. Holmes, Director, Douglas County Environmental Services, Nebraska
Dell Isham, Executive Director, South Carolina Chapter, Sierra Club
Robin Jennison, Speaker of the House, State of Kansas, House of Representatives
Michael Jensen, Executive Vice-President, Kansas Pork Producers Council
Marc Johnson, PhD, Dean and Director, College of Agriculture Research and Extension, Kansas State University
Charles Jones, County Commissioner, Douglas County, Kansas
Richard Jones, Executive Director, Kansas Association of Conservation Districts
Bob Kardiel, Executive Vice-President, Kansas Independent Oil and Gas Association
Kay Kent, Administrator, Lawrence Douglas County Health Department
Kay Koontz, Executive Director, Southwest Washington Health District
Maurice Korphage, Kansas Corporation Commission

Steven Kovac, Region VII Branch Leader, Environmental Protection Agency
Kent Lamb, Chairman, Kansas Water Authority
Dale Lamble, Special Assistant to the Secretary for the Environment, Kansas
Department of Health and Environment
Stan Laskowski, Director, Environmental Services Division, Environmental
Protection Agency
Tracy Lean, Council of State Governments
Al LeDoux, Director, Kansas Water Office
Jane Mackey, Assistant Secretary, Kansas Department of Health and
Environment
Tito Madrid, Director of Field Operations, New Mexico Department of the
Environment
Carla Manns, RN, Public Health Nurse, Osborne County Health Department
Leroy Marcus, Budget Director, New Mexico Department of Health
Ed Martinko, PhD, Director, Kansas Biological Survey, University of Kansas
Carlos Mayans, Representative, State of Kansas, House of Representatives
Rich McKee, Executive Secretary, Kansas Livestock Association
Christopher McKenzie, Executive Director, Kansas League of Municipalities
Rowina Michaels, Environmental Protection Agency
Stacey Mitchell, Northwest Washington Office, Sierra Club
Bruce Miyahara, Consultant, Miyahara & Associates
Stephen Morris, Senator, State of Kansas, Senate Chamber
Richard Morrissey, Director, Office of Local and Rural Health, Kansas
Department of Health and Environment
Charles Murphy, Administrator/Health Officer, Manhattan Riley County Health
Department
Christie Myer, McGill, Gaches & Associates, Inc.
Daniel Nagengast, Executive Director, Kansas Rural Center
Janet Ness, Kansas Department of Health and Environment
Melvin Neufeld, Representative, State of Kansas, House of Representatives
Danielle Noe, Legislative Liaison, Office of the Governor
Lorne Phillips, PhD, Acting Director of Health, Kansas Department of Health
and Environment
David Pope, PE, Chief Engineer, Division of Water Resources, Kansas
Department of Agriculture
Adi Pour, PhD, State Toxicologist, Nebraska Health and Human Services System
Sandy Praeger, Senator, State of Kansas, Senate Chamber
Del Prophet, Assistant State Conservationist, USDA/NRCS
Sue Ellen Rael, New Mexico Department of Health
Judy Reno, RN, Kansas Nurses Association
Terri Roberts, JD, RN, Executive Director, Kansas State Nurses Association
Ronald Rolett, MD, District Medical Director, Greenville, South Carolina
Elmer Ronnebaum, General Manager, Kansas Rural Water Association
Ronald Shultz, Policy Analyst, Washington State Office, Audubon Society
R. Lewis Shaw, Deputy Commissioner, Environmental Quality Control Office,
South Carolina Department of Health and Environmental Control
Eric Slagel, Assistant Secretary, Washington Department of Health
Tom Sloan, Representative, State of Kansas, House of Representatives
Marylin Simpson, Comptroller II, Oklahoma Department of Environmental
Quality

Tracy Streeeter, Executive Director, State Conservation Commission
Marianne Thaeler, Military Issues, Southern New Mexico Group, Sierra Club
Steven Thompson, Deputy Director, Oklahoma Department of Environmental
Quality
Nathan Wade, Public Information Officer, New Mexico Department of the
Environment
Doug Wareham, Vice-President for Governmental Affairs, Kansas Fertilizer and
Chemical Association
Charles Winterwood, Legislative Chair, MRCC Delegate, Iowa Chapter, Sierra
Club
Jere White, Executive Director, Kansas Corn Growers Association
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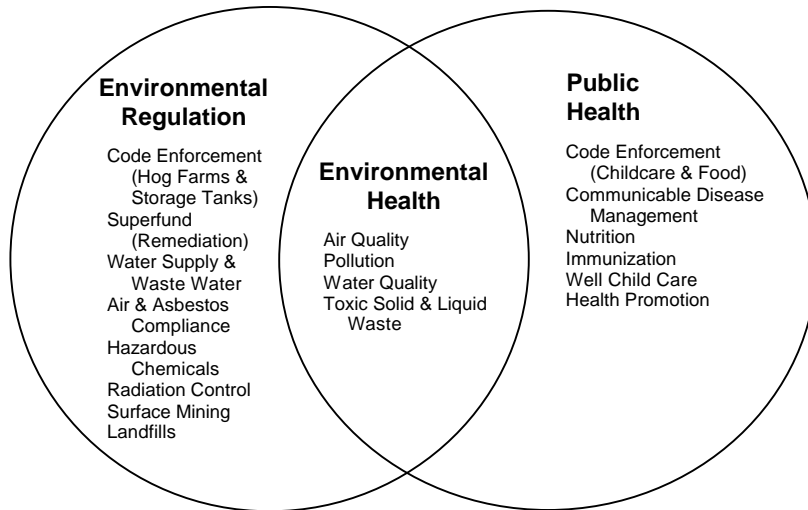
I. Overview

Introduction

In this report the Kansas Health Institute has examined the organization of public health and environmental regulatory functions in Kansas. There is clearly an important relationship between some environmental issues and human health. The Kansas Department of Health and Environment (KDHE) has the primary responsibility for both public health and environmental functions within Kansas state government. When KDHE was created in 1974, its organization was based on an acknowledgment of this important connection. However, KDHE has never achieved the functional integration intended at its conception. This lack of integration is due primarily to two factors: (1) a small area of shared programs, and (2) a lack of integration at the federal level.

First, although there are key areas of overlap between public health and environmental regulation (*see Figure 1*), these shared programmatic areas are relatively small in comparison to each Division's overall mission.

Figure 1. Environmental Regulation Public Health Overlap



Second, both Divisions act as federal subcontractors (e.g., for the EPA and the CDC) for many of their primary programs. Since there is little integration of these programs at the federal level, integration on the state level is difficult.

Over the years, several reports have been written about the organizational structure of KDHE. There have also been several attempts to change this organizational structure and create two independent cabinet-level agencies.

Research Process

The Kansas Health Institute has evaluated the rationale behind the arguments both for and against a reorganization of public health and environmental functions in Kansas. Interviews were conducted with stakeholders from Kansas to identify and characterize their concerns and expectations. To validate or refute potential expected outcomes of reorganization in Kansas, information was collected from other states where reorganization has already taken place.

Conclusions

A reorganization of public health and environmental functions into two separate agencies would likely have several consequences:

- A separation could result in increased visibility for an agency and its issues. This may translate into more time for a secretary to address important programmatic issues with the governor, the legislature, and other key stakeholders.
- The separation of the agencies would result in a greater likelihood of having a secretary with technical expertise and/or background that covers all assigned areas.
- In its current structure, KDHE is seen as a reactive rather than a proactive agency. It is viewed as lacking in leadership with a vision for the department that is broad enough for both public health and environment. Separating public health and environmental functions should make it easier for each new agency to define and work toward a more focused vision.
- There will always be important environmental health issues that overlap public health and environmental agencies. Creating two separate agencies would require the development of new mechanisms to establish effective linkage.
- The experiences of other states indicate that at least in the near future the functioning of the agencies may not be greatly improved. In fact, a large reorganization would most likely result in the agencies being markedly less functional during the separation and for some time afterward.
- Any reorganization of health and environmental functions will have some additional costs. These costs include the duplication of administrative support, and costs involving the physical relocation of staff and equipment.

Next Steps

Given these findings, three options for the future organization of public health and environmental functions in Kansas are presented:

- (1) Maintain the status quo.
- (2) Build mechanisms for integration into the existing combined agency.
- (3) Separate the divisions of health and environment into two cabinet-level agencies.

II. Executive Summary

Introduction

This report examines the organization of public health and environmental functions in Kansas state government. Any study involving the organization of public health and environmental functions must address all organizational structures, including separation of these functions at an administrative, programmatic, and fiscal level. This report provides:

- (1) historical and contextual information;
- (2) objective examination of stated concerns and expectations of key stakeholders in Kansas; and
- (3) an overview of options so that legislators and other decisions-makers can make informed decisions about the structure of these important functions.

Background

The evolution of environmental regulation in the public health framework is not a phenomenon unique to Kansas. Kansas is, however, one of the few states that continue to address these issues through a combined health and environmental agency, the Kansas Department of Health and Environment. The debate over the best organizational structure for dealing with these public health and environmental issues predates the creation of KDHE. It has persisted into the present, as documented by a number of reports and legislative actions.

Research Process

Information in this study is based on a comprehensive review of historical, legislative, and contextual information regarding public health and environmental functions in Kansas. It also includes data collected from interviews with key stakeholders and/or informants in Kansas (legislators, state officials, public health and environmental professionals, and related association and advocacy representatives). Their concerns and expectations were examined and compared to information collected from other states that have already reorganized similar programs.

Findings

The findings from this study can be grouped into two primary areas:

- Concerns and expected outcomes of a separation of public health and environmental functions as expressed by key informants; and

- Analysis of the options and related issues that decision makers must face.

Concerns and Expected Outcomes of Separation

Public Visibility

Separation might result in increased visibility for each agency. This may translate into more time for a secretary to address key program issues with the governor, the legislature, and other important stakeholders. Increased public visibility may also result, making the programs more productive, responsive, and accountable.

Leadership

The separation of responsibilities would result in a greater likelihood of locating leadership with the essential technical expertise needed to direct each complex and challenging agency.

Historically, it has been difficult to find a secretary for KDHE who is perceived as having a vision for the department broad enough to encompass both public health and environmental issues. This lack of a broad and compelling vision is viewed by many to result in a reactive rather than a proactive agency. In its current structure, KDHE is likely to remain this way. Separating KDHE should make it easier for the new departments to define and work toward a more focused vision.

There is a perception that there have occasionally been secretaries appointed who give more attention and resources to one division than the other. Separating the functions would eliminate this bias.

Integration

There will always be important environmental health issues that overlap both the public health and environmental agencies. The current system has not achieved the integration that was envisioned when KDHE was created. Creating two new agencies would necessitate developing mechanisms to establish effective linkage between them.

Performance

The experiences of other states indicate that a reorganization would not greatly improve the short-term functioning of the two new departments. In fact, a large reorganization would most likely result in the departments being less functional during the separation and for some time afterward. Informants have suggested it could take up to two years for programs to become fully functional after a major structural change.

Costs

Any reorganization of health and environmental functions will have some additional costs, including those for the duplication of administrative support and the physical relocation of staff. However, the construction of the new state office building presents a unique opportunity to minimize these costs by timing the move to coincide with the planned KDHE relocation.

Options for Addressing Public Health and Environmental Functions

Option #1: Maintain the Status Quo

The first option is to leave the current system as it is. This is by far the easiest decision, as other options require serious deliberations. Some of the problems now experienced by KDHE are doubtless exacerbated by the physical distance between programs and divisions within the department. Thus there is some hope that program cohesiveness and integration would improve when most of KDHE is moved to the same physical location after the completion of the new state office building.

Option #2: Build Mechanisms for Integration within the Existing Combined Agency

A second option available to decisions-makers is to actively develop the kind of integration envisioned when KDHE was first formed. Such an initiative would be grounded in the belief that environmental health issues are environmental issues with a critical human welfare component. Integration brings the appropriate skills and knowledge of public health to bear on environmental issues.

Building on the existing successes of KDHE, it would seem appropriate to increase the epidemiological support for the Division of Environment. One way to achieve this goal is by adding one FTE epidemiologist to work exclusively in that division. The addition of this position should increase the agency's ability to determine the population impact of environmental issues.

Another strategy that could foster a more integrated, holistic department is the application of health needs assessments and health risk assessments to environmental issues. This strategy helps determine the potential human risk from various environmental issues and also serves as a basis for evaluating the effectiveness of interventions.

There are two possible ways to meet this need. The first option requires additional resources for the Division of Environment in the form of staff and analytic support to conduct such analyses. The second option is to have these assessments conducted by an external third party. Some experts suggest that external assessments would be less constrained from the internal demands and potential political forces that might influence them.

Some concern currently exists that each division lacks the visibility and attention demanded by their issues. It could thus be useful to develop separate legislative liaisons within the secretary's office to focus on each division's issues. These individuals could also serve as an additional interface between the divisions and the secretary, and could bring additional technical knowledge and political skill to the administration of KDHE.

Option #3: Separate the Divisions of Health and Environment into Two Cabinet-Level Agencies

Separating the Divisions of Health and Environment into two cabinet-level agencies would require careful consideration of a number of issues.

Office of Secretary

One of the most important issues regarding separation involves the office of the secretary. Currently, there are no required qualifications for the secretary, because it is a political appointment. Technical expertise is mandated at the division director level. Any separation of the department might result in the need to establish qualifications for the new positions that would include technical expertise. Should technical expertise and relevant experience be required to lead the agency, it may be possible to eliminate the current division director positions. But if technical expertise is not required, it would be necessary to maintain the director positions in the new departments (or some equivalent technical expert).

Cost Implications: Management Functions and Staffing

Another critical decision involving separation is leadership and management responsibilities for two departments. Any separation will require some duplication of management, administrative support, and technical expertise positions. The number of new staff required to fill these positions and the willingness of leadership to eliminate other existing positions would have a great effect on the ongoing costs of these duplications. Four possible scenarios exist that demonstrate the variability of this potential cost factor:

- (1) Hire new staff to fill all duplicated positions and keep the qualifications for the two new secretary positions that of management and political skill.
- (2) Hire new staff to fill all duplicated positions, eliminate the positions of division heads, and require the secretaries to have technical skill as well as management and political skills.
- (3) Reassign some staff to fill management, technical, and administrative support positions, but also make whatever new hires are necessary.
- (4) The final option, and the one considered in the most recent proposed legislation, is to either fill all new positions from existing KDHE staff, or to offset the cost of hiring new staff by eliminating existing positions within KDHE.

The experiences of other states demonstrate that any of the above scenarios is possible, and whichever is implemented will depend on choices made in the reorganization process by the governor and the legislature.

Placement of Programs

Where to place the existing bureaus and sections of KDHE is the next major decision. In many ways, the divisions are already functionally separate agencies that could be divided along existing programmatic lines. However,

some serious consideration must be given to the appropriateness of extracting clear environmental health issues from a Department of Environment and placing them in a Department of Health. The goal of such programmatic shifts is to maximize the extent to which environmental issues that have clear relevance to human health are kept together with other public health functions. In doing so, it may be possible (1) to minimize confusion and loss of power at the local public health level, and (2) to maintain essential communication between health and environmental functions. These environmental health concerns are the very issues that have kept health and environmental functions combined in one agency in Kansas. The problem for decision-makers is that while there does exist a crucial set of shared environmental health issues between divisions, this overlap constitutes a relatively small percentage of each division's overall programmatic areas (see *Figure 1 on page 1*).

The decision at hand is the optimal division of these overlapping functions. Some experts suggest that environmental health issues with a *direct* impact on human health should be placed under the jurisdiction of health officials. Furthermore, they suggest that environmental health issues that are mainly monitoring or surveillance tasks, where the goal is to identify hazards to human health, should be placed under the jurisdiction of the environmental officials. Conversely, others argue that all environmental health issues should remain the jurisdiction of the environmental officials.

Center for Health and Environmental Statistics

The Center for Health and Environmental Statistics (CHES) is currently shared under the management of the secretary's office. It would be necessary to place this program under the administrative management of one of the new departments. Historically, it has been argued that CHES should be placed in the Department of Health. This would be a logical choice, because the Division of Health is the primary user of CHES services, and because they share many of the same techniques and procedures.

Laboratory Services

Historically, the most debated issue in the reorganization discussion has been the placement of the Division of Health and Environmental Laboratories (laboratory). The options of dividing the laboratory between the two departments or of making the laboratory an independent agency have not been seriously considered because of the significant costs associated with either option. Indeed, the experiences of other states indicate that duplicating the laboratory would be extremely expensive, with relatively little added value. Decision-makers thus have but one choice—retain the laboratory as a single unit under the organizational structure of either the new Department of Health or the new Department of Environment. The agency that does not control the laboratory would then contract to maintain the services it now receives. Information from other states suggests that the laboratory could be functionally successful in either department. Locally, there has been concern that the laboratory might be less responsive to the agency where it is not administered. Advocates for placing the laboratory in a Department of Health argue that there are critical health and public health issues that require a

rapid response, and for that reason the laboratory should be placed in a Department of Health.

District Offices

One of the final choices to be made involves the administration of the six District Offices in Hays, Dodge City, Salina, Wichita, Chanute, and Lawrence (plus one satellite office in Ulysses). The Bureau of Environmental Field Services administers all environmental program operations at the six KDHE district offices and is responsible for the supervision of clerical staff.

Employees of the Division of Health, who constitute the majority of staff at the District Offices, report directly to program officials in Topeka. Current responsibility for the facilities themselves rests with the facilities management division of KDHE. Previous proposals for dividing KDHE have suggested giving administrative control of the District Offices to either division.

Other Options

Although this report explored in detail only three options, it is important to recognize that other options do exist. Any reorganization of public health and environmental functions carries with it the possibility for a larger reorganization of these functions throughout state government, affecting many more state agencies that deal with these issues. Although such a reorganization is beyond the scope of the current report, it has been discussed in previous reports and does warrant some discussion because of the potentially far-reaching impact it could have. For public health, there are two issues: (1) the consolidation of other public safety and public health functions from around the state, and (2) the creation of a health super-agency. For environmental functions, there is currently a wide variety of organizations and agencies that have some overlapping issues and/or authority with the Division of Environment, so decisions-makers must determine the appropriate balance of environmental regulation and enforcement, planning, and resource management within one or more agencies.

III. Introduction

This report on the organization of public health and environmental functions in the state of Kansas was prepared by the Kansas Health Institute, in cooperation with the Kansas Center for Agricultural Resources at Kansas State University and the Environment (KCARE). It was prepared at the request of the Health and Human Services Committee in the Kansas House of Representatives and the Public Health and Welfare Committee in the Kansas Senate.

The purpose of this report is to provide information about the potential reorganization of public health and environmental functions in Kansas. In particular, it examined the factual basis of concerns and expectations of stakeholders in the state. This information is timely because legislation was introduced during the 1999 session, and is expected to be introduced again in the 2000 session, to address environmental and public health functions of KDHE. Several earlier documents summarize the history and the attempts to reorganize KDHE, which is the major provider of public health and environmental functions for the state. The history section of this report draws heavily from these previous works; however, this report relies on a significant body of newly collected objective data. Specifically, this analysis brings forth at least two new sources of information: (1) a systematic collection of concerns and expectations from key stakeholders around the state, and (2) the collection of comparative data from other states where similar organizational transformations similar have already occurred.

IV. History of Public Health and Environmental Functions

National History

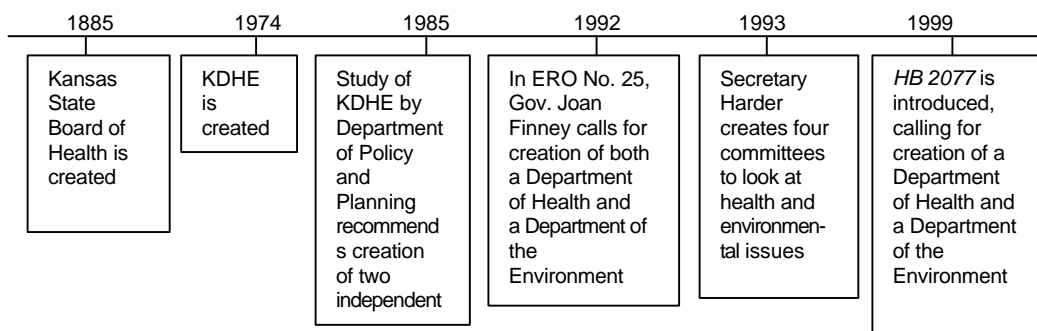
In 1947, Congress passed the Federal Fungicide, Insecticide, and Rodenticide Act (FFIRA), followed in 1948 by the Clean Water Act. These laws contributed to the development of fledgling environmental health programs in several federal agencies. These young programs were often research oriented, and they focused on elaborating the nature and extent of classes of environmental hazards. The development of state environmental health programs continued as other federal environmental legislation was signed into law in the 1950s and 1960s. Also during this time, the Public Health Service established programs to address occupational hazards, water quality, radiation hazards, and air pollution, as well as other concerns.

In the mid- to late 1960s, the environmental movement in the U.S. was particularly active and influenced the creation of the Environmental Protection Agency (EPA). Congress began questioning the strength of the Public Health Service's commitment to deal with the public and the political demand for action in light of the rapidly increasing complexity of environmental health, as well as its determination to assign sufficient priority to environmental health problems. Congress alleged that the Public Health Service was more interested in conducting research than in managing the environment. The EPA was created from programs in the Public Health Service and from some other federal agencies. At the time, there were many who believed that even more of the Public Health Service programs should have been included in the EPA.

Kansas History

The current organization of public health and environmental functions in Kansas is the result of an evolution of environmental regulation within a public health framework. This history can be documented by examining a number of critical points in time (*see Figure 2*).

Figure 2. KDHE Historical Timeline

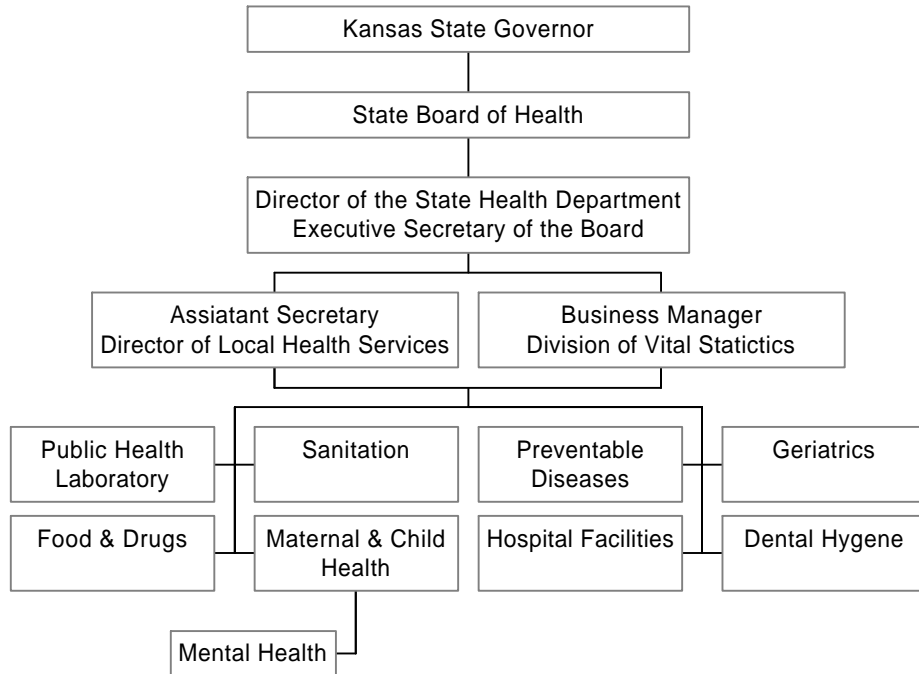


Pre-KDHE

With the establishment of the State Board of Health in 1885, under the innovative administration of Dr. Samuel Crumbine, Kansas became an early national leader in state health programs. His legacy was alive and influential as a source of inspiration to the leadership of the department in the 1960s and 1970s.

In the 1950s, the Bureau of Sanitation (now the Division of Environment) developed as one of the major bureaus in the State Board of Health (see *Figure 3*). Its functions focused primarily on environmental health, including safe drinking water, waste water management, and solid waste management. These engineering-based disciplines motivated a close relationship with engineers at the University of Kansas, who advised the bureau. This relationship continued and evolved to the point that the bureau staff was located in the basement of KU's School of Engineering.

Figure 3. 1950s Health and Environmental Organization



A consolidation effort in the early 1960s prompted the bureau's move from Lawrence to the Topeka State Office Building, where the rest of the State Board of Health was located. It was a difficult experience, particularly for the engineers who ran the bureau, and integration with the Board of Health occurred slowly. Nevertheless, these environmental functions ultimately became an important part of the board.

In the early 1970s, the newly created federal EPA prompted Kansas to consider whether to create an independent environmental agency. It was ultimately decided that environmental activities in Kansas would remain overseen by the Board of Health. However, later in the 1970s, many changes took place in state government, including the creation of the cabinet system. One cabinet agency created in 1974 during that reorganization was the Kansas Department of Health and Environment.

1974 Reorganization

The formation of KDHE occurred within the context of an overall reorganization of the executive branch of government. To facilitate that reorganization, Governor Docking appointed a panel of citizen-experts (legislators and lay members) jointly called the Commission on Executive Reorganization to offer recommendations about how to make Kansas government more politically responsive and thus achieve maximum effectiveness, efficiency and economy. The commission recommended that the nearly 200 executive branch agencies, boards, and commissions be consolidated into eight cabinet departments, each headed by a secretary appointed by the governor to be confirmed by the Kansas Senate and to serve at the pleasure of the governor. In deliberations on reorganization, the commission took as its criteria:

- (1) Reducing the number of executive branch agencies to a more manageable number;
- (2) Maximizing the sharing of resources while eliminating duplication;
- (3) Increasing accountability; and
- (4) Improving coordination of related agencies.

While the commission did its work, the Department of Health was responsible for the administration of state health programs, as well as the administration of air and water quality programs, approval of solid waste disposal systems, and radiation control. At the same time, other environmental functions were the responsibility of a number of separate state agencies, including the Kansas Corporation Commission, the Board of Agriculture, the Water Resources Board, and the Forestry, Fish and Game Commission.

The Kansas Commission on Executive Reorganization suggested the creation of a single department to encompass functions related to health, environment, social services, state correctional institutions, mental health and retardation institutions, and veterans affairs. Advocates for a separate environmental agency argued that designating an agency responsible for enforcing environmental standards would in turn make it easier for the public to obtain information, register complaints, and get technical and enforcement assistance. Advocates also suggested that the increased visibility of a single authority would make it easier for the legislature not only to place responsibility for carrying out established policy but also to focus on the agency's budgetary and personnel needs. Although not all these recommendations were implemented, the commission's recognition of the

inextricable relationship between health and environment was a keystone in the 1974 formation of KDHE.

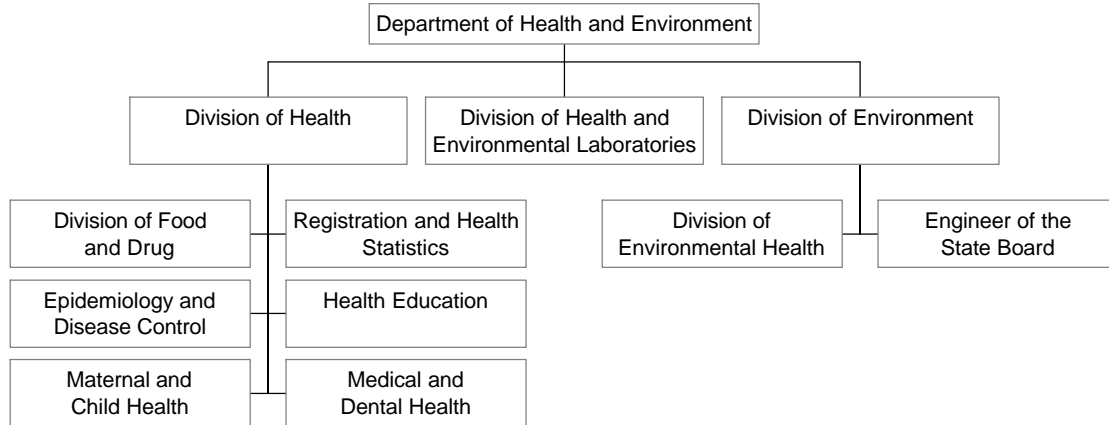
The legislature rejected the commission's recommendations, but in 1973 an interim committee (the Special Committee on Environmental Protection) was charged with considering the creation of a separate agency to administer and regulate environmental matters. The 1973 interim committee agreed that a clear designation of administrative responsibility for major environmental functions was desirable, but it rejected the option of creating a new and separate agency. Instead, the committee recommended that the existing Department of Health be reorganized into the Department of Health and Environment and that the powers and duties of the Kansas State Board of Health be transferred to a Secretary of Health and Environment, who would be appointed by and serve at the pleasure of the Governor and be subject to Senate confirmation. This proposal was consistent with the reorganization of other departments that was taking place at the time and it continued the trend toward the cabinet structure in the executive branch.

The 1973 interim committee further proposed that the new department be composed of the Division of Health and the Division of Environment. Each division would be created by statute and headed by a director designated by statute and appointed by the secretary. Existing health-related programs, including the Divisions of Food and Drug, Registration and Health Statistics, Epidemiology and Disease Control, Health Education, Maternal and Child Health, and Medical and Dental Health, would be transferred to the Division of Health. The powers, duties, and functions of the existing division of Environmental Health and the Engineer of the State Board of Health were transferred to the Division of Environment. An Office of Laboratory Services was created by statute to function directly under the secretary and to serve both divisions in the department. Legislation to implement the 1973 interim committee's recommendation was introduced during the 1974 session. Also introduced that session was Executive Reorganization Order (ERO) No. 3, which contained recommendations almost identical to those of the interim committee. ERO No. 3 was approved by the 1974 Legislature, creating the structure of the department much as it exists today (*see Figure 4*).

1985 Study

At the request of Governor John Carlin in 1985, the KDHE Department of Policy and Planning, led by Secretary Barbara Sabol, prepared a report on a potential restructuring of KDHE. The study determined that the Division of Health had dominated KDHE functionally and productively. In the previous 11 years, health issues had eclipsed environmental issues in terms of legislative action. Although relegated to a secondary position with regard to legislation, the Division of Environment had nevertheless managed to achieve strong gains in budgeting. In 1974, health functions comprised 72% of the combined health and environment budget. After 1974, the percentage of funding attributable to the environment increased. By 1985, just 56% of the combined health and environment funds were devoted to health-related functions.

Figure 4. 1974 Structure of Kansas Department of Health and Environment

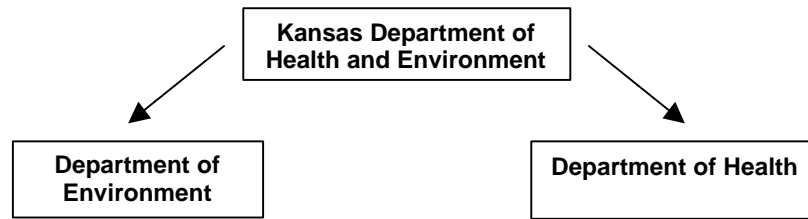


The report also noted that the two divisions were functionally separate agencies. Without the close coordination envisioned at the time of the 1974 reorganization, shared support services were virtually the only links between the two autonomous divisions. According to the report, KDHE apparently had derived some cost savings through sharing support services such as administrative staff, laboratories, and data and word processing. If the agency were to split, costs incurred in duplicating these services would be a primary concern. The report concluded that KDHE had met the 1974 reorganization goals of:

- (1) Reducing the number of administrative agencies, and
- (2) Increasing accountability.

The sharing of administrative and support services appeared to meet a third goal of reducing bureaucratic costs. Although KDHE had successfully coordinated administrative oversight of health and environmental operations, the agency apparently had difficulty optimizing programmatic links between the divisions. Shared administrative and support services were identified as the strongest links between the Divisions of Health and Environment. Finally, while the 1985 report lacked any specific recommendations, it did suggest the separation of KDHE and the creation of two cabinet-level agencies (see *Figure 5*).

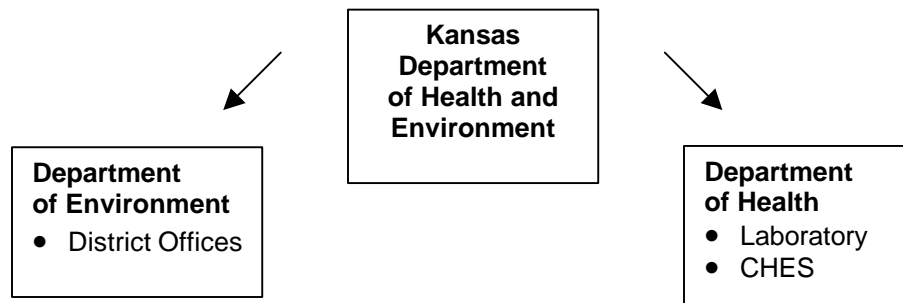
Figure 5. 1985 Reorganization Proposal



1992 Executive Reorganization Order (ERO No. 25)

Governor Joan Finney transmitted ERO No. 25 to the Legislature during the 1992 Session. ERO No. 25 would have separated the Department of Health and Environment into two cabinet-level agencies, a Department of Health and a Department of Environment, headed by a secretary appointed by the Governor (*see Figure 6*). Governor Finney proposed the separation because she believed that two separate cabinet agencies would better serve their respective constituencies and provide a more visible focus for health and environmental concerns. The fiscal impact of ERO No. 25 was estimated by the Governor to be an additional \$341,018 from the State General Fund in FY 1993, which included the salaries of 7.0 FTE new positions. The ERO was referred to the Energy and Natural Resources Committee in the Senate and to the Governmental Organization Committee in the House. Both committees held hearings on it. (A House subcommittee was appointed to consider ERO No. 25.) In addition, ERO No. 25 was discussed extensively when the Senate Ways and Means Committee and the House Appropriations Committee considered the KDHE budget.

Figure 6. 1992 Reorganization Proposal



The Senate Committee on Energy and Natural Resources did not approve the ERO, and the House Committee on Governmental Organization dropped it from further consideration once the Senate committee acted. However, the House subcommittee did call for a study that would include a consideration of organizational changes that could be made without separating KDHE into two departments. The subcommittee was particularly interested in strengthening the department's district offices and in transferring existing

units in the agency from one division to the other, measures they hoped would lead to the overall improvement of KDHE structure.

Interim Committee Discussion. In the spring of 1992, the Legislative Coordinating Council assigned ERO No. 25 for interim study to the Special Committee on Governmental Organization. Throughout the interim process, the governor continued to support separating the department, but she also indicated that she would be willing to consider any ideas or findings offered by the interim committee.

Although the study results had the backing of the governor's office, the speakers who came before the committee were opposed to ERO No. 25. Representatives from the Kansas Engineering Society stated that the society favored dividing the agency, but believed that ERO No. 25 was defective because it would not impose statutory requirements for senior managerial positions or address environmental functions presently performed by other state agencies.

An idea that was frequently restated throughout the testimony was that separation of health and environmental functions would not be in the best interest of the state because of the direct ties that both departments have to environmental health issues. To this effect, representatives of public health departments expressed concern that splitting the agency would lessen their ability to deal effectively with the health care implications of environmental matters. While the issues that the new departments would work on were in question, concerns were also raised about the department's current functioning. The qualifications of state agency personnel and, in particular, the fact that KDHE had not had a physician on staff for more than a year were brought to the forefront. They also questioned the cost to the state of creating another state agency, arguing that the additional cost was unjustified and could better be spent on programs and services.

The committee expressed concern that the proposed reorganization failed to address programs and services performed by other state agencies that are similar to those performed by KDHE, particularly in the environmental area. To address this concern, representatives of the Kansas Corporation Commission, the Kansas Water Office, the Board of Agriculture, and the Board of Emergency Medical Services met with the committee to describe their functions. Representatives of agencies that deal with environmental matters reported that, for the most part, each agency's specific jurisdiction is sufficiently delineated so as to prevent duplication of functions. The committee was informed that, in cases where agency responsibilities appear to overlap, formal and informal working agreements, such as interagency memoranda of understanding, had been developed so that issues were addressed without duplicative efforts on the part of either agency. Representatives of the Emergency Medical Service Board indicated that the board wanted to remain independent and opposed the suggestion that it again be made part of the Department of Health and Environment.

Committee members who were particularly concerned about the fragmentation of similar functions among state agencies were reassured by representatives of the various agencies that their activities had been coordinated to eliminate public confusion about jurisdiction. In addition, the committee was assured that an advantage of the present organization of programs and services is that members of the public and interested parties have multiple access points for input into public policy.

After considering the arguments both for and against separating the Department of Health and Environment into two agencies, the committee found no compelling reason to recommend the creation of separate departments. One of the main reasons for this decision was that KDHE was in transition as the result of a new secretary assuming office in October 1992 who had not yet taken a position on the separation issue. Another reason was that, other than support from the governor, the majority of the groups and individuals appearing before the committee were opposed to creating two separate agencies. Thus the committee recommended that no action be taken to divide the department until the KDHE study reports were available.

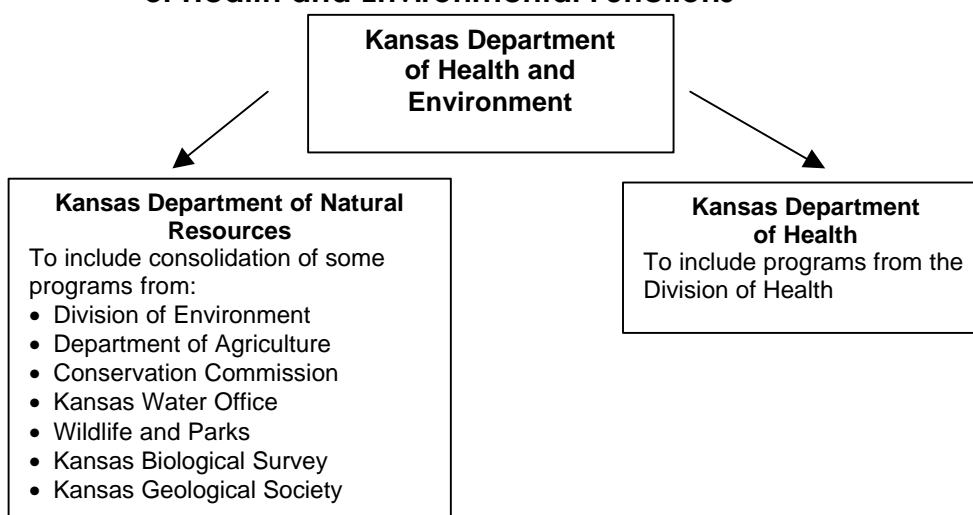
1993 KDHE Study

In October 1992, Governor Finney appointed Dr. Robert Harder as secretary of the Department of Health and Environment. Dr. Harder then appointed four committees of 12 to 15 members each to study issues relating to health and environment, and to consider the question of whether to reorganize the department. The goal was to develop a consensus and to build constituency support for recommendations about the future of the department. Among its conclusions, the 1993 study found that:

- (1) There is a great deal of good intention in relation to both health and environment, but there is no clear, systematic philosophy and approach to responding to health and environmental issues in the state.
- (2) The present organizational structure, both for health and environment, does not lend itself well to a clear articulation of either health or environmental policy.
- (3) The critical issues related to the delivery of health services and to assuring adequate environmental protection suggest that serious consideration should be given to how work related to health and the environment is organized in the future.
- (4) KDHE needs to take immediate steps to strengthen its own internal organization, taking into account the unique differences between the two fields of endeavor—health and environment—and to design an internal structure responsive to both divisions.
- (5) KDHE has the task of setting the framework for continuing discussion related to the future direction of health and environmental programs.

The report summarized a rationale for separation of KDHE and the consolidation across other state agencies. It proposed the creation of two state cabinet-level agencies. It further detailed the development of a Kansas Department of Natural Resources, which would consolidate environmental functions across several agencies (see *Figure 7*).

Figure 7. 1993 Proposed Reorganization of Health and Environmental Functions



1999 Legislation

A proposal was made in 1999 to produce a new Executive Reorganization Order. However, legislation on KDHE was introduced by the House Committee on Government Organization and Elections, *HB 2077*, that addressed a reorganization of KDHE (see *Figure 8*). A significant change from the ERO No. 25 in 1992 was that the 1999 bill made no request for additional funds. The costs for reorganizing and creating new positions were to be absorbed by eliminating temporary non-classified positions in the respective divisions of KDHE.

This legislation proposed that the laboratory and district offices be under the control of the Department of Health (see *Figure 9*). This legislation made no reference to the suggestions of the 1993 KDHE study (cited above) and its proposal to collapse external agencies into the two new departments (see *Figure 7*).

Figure 8. Current Structure of Kansas Department of Health and Environment

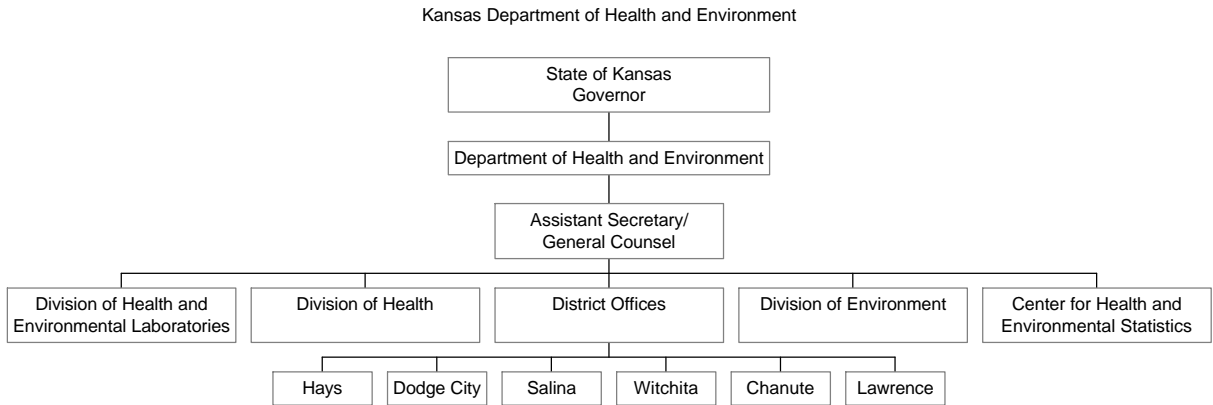
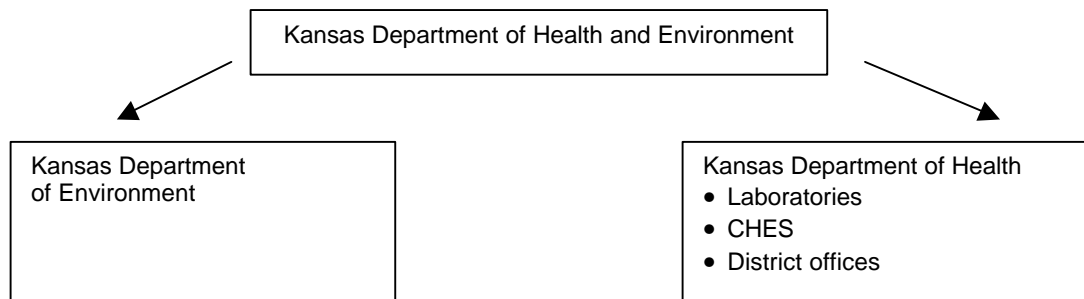


Figure 9. 1999 Proposed Reorganization of Kansas Department of Health and Environment



IV. Comparison of Kansas to Other States

A first step in examining the organization of public health and environmental functions in Kansas and how they might be changed is to consider the experiences of other states. In the past, there has been some confusion about the number of states with agencies with a similar organizational structure for health and environmental functions (a combined health and environment agency). The importance of this information is indicated by the extensive debate on this issue during the 1999 legislative session.

Models of Public Health and Environmental Structure

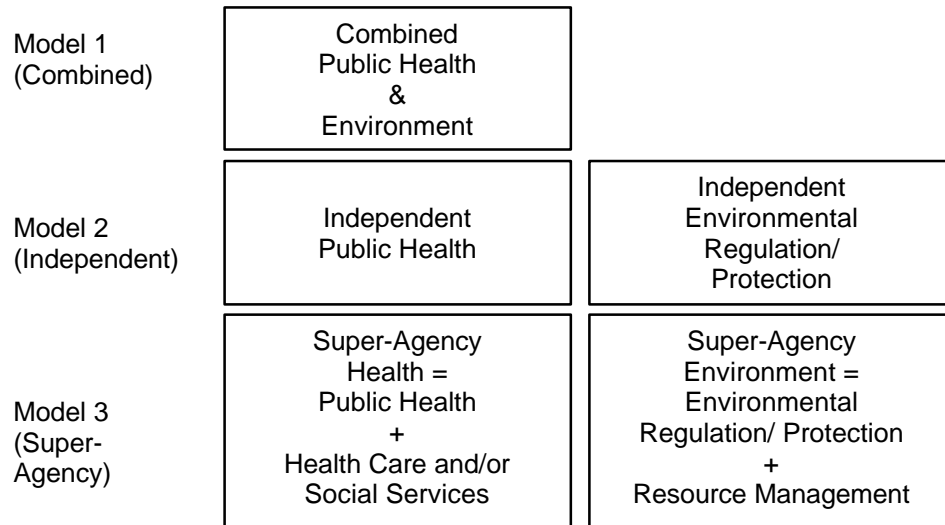
To compare Kansas situation to that of other states, three general models of agency structure were identified:

- (1) *A combined health and environmental agency* is the current Kansas model. This is typically a cabinet-level agency with one policy leader to oversee both health and environment functions.
- (2) *An independent agency model* is defined as strictly a public health or environmental regulation/protection agency. It exists usually at the cabinet level, with a secretary (or policy leader) who reports directly to the governor.
- (3) *A super-agency model* includes not only all the functions of the independent agency but also significant additional functions, such as health care funding (Medicaid and Children's Health Insurance Program (CHIP)) and/or other social service programs (Aging, Child and Family Services, Addictive and Mental Disorders). An environmental super-agency model is an agency with responsibility not only for environmental protection and regulation but also for the management of natural resources, and may include parks and recreational programs (see *Figure 10*).

The current organizational structure of each state was also examined according to these operating definitions (see *Table 1 for review*). Four states currently have a combined department of health and environment. A majority of states (28) have an independent health department. The remaining 18 states have a super-agency that incorporates programs such as Medicaid.

On the environment side, an almost equal number of states have a super-agency (24) or an independent environment department (22), most commonly seen as a Department of Environmental Quality (DEQ). DEQs focus mainly on regulatory issues. There has been a trend lately for states (e.g., Michigan and Wisconsin) to separate their environmental super-agency into smaller independent departments.

Figure 10. Models of Public Health and Environmental Structure



State and Local Spending

Beyond the organizational characteristics, it is instructive to examine how KDHE differs from other states in terms of output, outcomes, and functions. First, per capita spending for all 50 states and their respective agencies was examined. Total per capita spending (combining local and state levels) provides a measure of resources dedicated, and also serves as a proxy for state efforts on health and environmental issues.

In 1977 the per capita spending for health in Kansas was \$279.00 (adjusted to constant 1995 dollars) (O Leary-Morgan, 1999). This placed Kansas 14th in the nation. From 1977 to 1995, Kansas experienced only a 25.8% increase in per capita spending on health care programs. This is well below the 56.2% national average, and now ranks Kansas 41st out of the 50 states (*see Figure 11*).

Environmental spending was defined as the total amount spent by each state and all its local governments on sewerage, conservation of natural resources, and solid waste management, which was then converted to a per capita average. Using this definition of environmental spending, the per capita environmental spending in Kansas by state and local governments was \$111 in 1990. The national average was \$168.90, ranking Kansas 43rd out of the 50 states (Thomas, 1994).

Per capita spending allows insight as to the scale of state effort. To assess state and organizational success, we need to look at individual issues.

Table 1. Public Health and Environmental Organization and Spending

State	Health Agency				Environmental Agency			
	Combined	Independent	Super	Per Capita State & Local Spending (\$)	Combined	Independent	Super	Per Capita State & Local Spending (\$)
United States	4	28	18	403	4	22	24	169
Alabama		x		678			x	94
Alaska			x	375		x		546
Arizona		x		201		x		218
Arkansas		x		347		x		104
California			x	464		x		211
Colorado		x		275			x	133
Connecticut		x		398		x		189
Delaware			x	276			x	202
Florida		x		403		x		197
Georgia		x		553			x	131
Hawaii	x			440	x			292
Idaho	x			356	x			188
Illinois		x		281		x		123
Indiana		x		391		x		109
Iowa		x		450			x	149
Kansas	x			351	x			111
Kentucky		x		234			x	125
Louisiana		x		629		x		165
Maine			x	216		x		176
Maryland			x	202		x		182
Massachusetts		x		431		x		167
Michigan		x		430		x		140
Minnesota		x		484			x	179
Mississippi		x		535			x	120
Missouri		x		290			x	104
Montana			x	237		x		174
Nebraska			x	346		x		143
Nevada		x		338			x	134
New Hampshire		x		108		x		164
New Jersey			x	261		x		236
New Mexico		x		457		x		159
New York			x	647			x	210
North Carolina			x	517			x	138
North Dakota		x		143			x	180
Ohio			x	345			x	128
Oklahoma			x	363		x		103
Oregon			x	377			x	168
Pennsylvania		x		264			x	139
Rhode Island		x		341			x	146
South Carolina	x			671	x			119
South Dakota		x		198			x	128
Tennessee		x		453			x	108
Texas		x		351			x	129
Utah			x	273		x		138
Vermont			x	106			x	176
Virginia		x		297			x	156
Washington		x		436			x	248
West Virginia			x	246		x		109
Wisconsin			x	281			x	201
Wyoming			x	693		x		355

Source: O'Leary-Morgan (1999), using 1995 (health) and 1990 (environmental) data from the U.S. Bureau of the Census. Health figures include public health and outpatient health care other than hospital care. The data in this analysis come from a variety of sources, and are included here for the convenience of the reader. Nevertheless, KHI has not independently verified these data.

Figure 11. Change in State and Local Health Care Expenditures

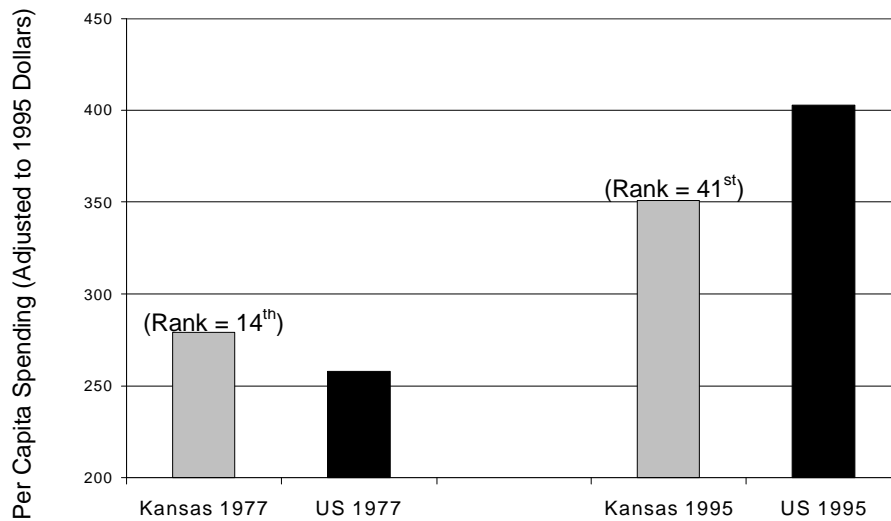
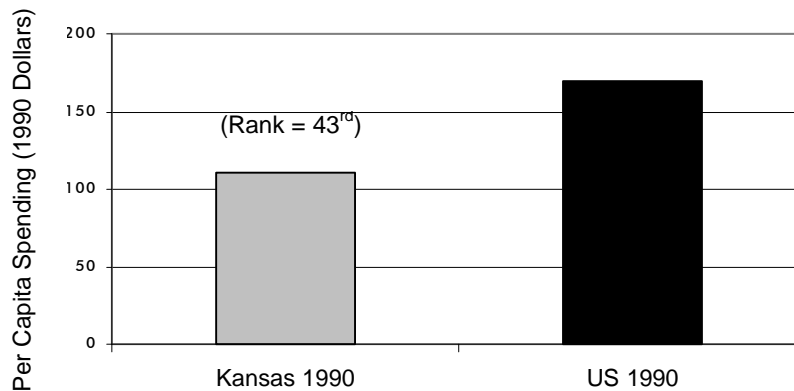


Figure 12. State and Local Environmental Expenditures



Effectiveness of Public Health

Immunization Rates

One measure of public health success is the percent of children aged 19 to 35 months who are fully immunized. In Kansas, the percent of these children who were fully immunized in 1997 was 77%, placing Kansas again in the middle ranking of the 50 states at 29th (O Leary-Morgan, 1999).

Cigarette Use

Another measure of the success of public health efforts is the percentage of adults over age 18 who smoke cigarettes. During 1998, 21.1% of Kansas adults regularly used cigarettes, slightly below the national average of 22.9%, which places Kansas 41st out of the 50 states (CDC, 1999).

Infant Mortality

A Healthy People 2000 (U.S. Department of Health and Human Services, 1990), and Healthy Kansas 2000 (Kansas Department of Health and Environment, 1996) goal is to reduce the rate of infant mortality. Unfortunately, Kansas does not fare as well in this regard as it does with other public health indicators. According to *Health Care State Rankings 1999* (O Leary and Morgan, 1999), based on provisional data from October 1, 1997 – September 30, 1998, the infant mortality rate for Kansas was 7.8 deaths per 1,000 live births, higher than the national average of 7.0 and giving Kansas the 16th highest rate in the United States (O Leary-Morgan, 1999) for that time period. The source used in this report was selected to allow the comparison of the infant mortality rate in Kansas to that of other states using recent data from a consistent source and time period for all states. For recent information regarding the 1998 (calendar year) infant mortality rate, please contact the Kansas Department of Health and Environment, Bureau of Vital Statistics.

Environmental Quality

Waste

In 1993, Kansas created 15.7 pounds of toxic chemicals per capita. This ranks Kansas 11th out of the 50 states. Kansas reported 12 hazardous waste sites in 1995, which placed it 32nd out of the 50 states (Hovey, 1996).

Air Quality

On a positive note, Kansas has the cleanest air in America, ranking first in air quality scores (Hovey, 1996).

Water Quality

The results for water are not as positive as for air quality. In 1992 it was found that Kansas ranked 32nd out of the 50 states, with 12.7% of its residents served by water systems that had been in violation of the Safe Drinking Water Act (Thomas, 1994). Furthermore, in 1992 Kansas ranked 47th out of the 50 states in terms of clean rivers and streams. Kansas had 94.7%, or approximately 16,205 miles, of its rivers and streams polluted (Hovey, 1996).

¹ This section has been revised from the initial report released on 10/15/99 to include additional information about the data source used for the infant mortality rate (O Leary and Morgan, 1999).

VI. Theoretical Arguments for Separation and for Integration

There are differing perspectives about the appropriateness of having public health and environmental functions combined in one agency. The position, which was dominant in the foundation of the current organizational structure, is that the public health model is critical to environmental issues because all environmental issues are environmental health issues. Conversely, others believe that the public health model is inappropriate to meeting the demands of a comprehensive environmental protection strategy. Although a complete discussion of these positions is beyond the scope of this report, a summary of each position is presented below.

Argument for Integration of Public Health and Environmental Functions

The Public Health Model Is Essential for Environmental Protection Programs

The basic argument in favor of maintaining a combined department is that public health officials and agencies must assure conditions in which people can remain healthy. The tools of public health professionals are assessment of needs and risks, policy development, epidemiology, and assurance of necessary health services. The responsible management of environmental concerns clearly requires the tools and experience of public health professionals (Institute of Medicine, 1988).

Historically, public health and its environmental components were totally intertwined and environmental health issues were equally as important, if not more important, than other public health issues (Gordon, 1998). Many of the most important public health victories were achieved by focusing on environmental health issues, such as access to clean water and the development of secure sanitation systems. Over the past 30 years, however, public health groups have failed to recognize the importance of this linkage and have allowed environmental issues with clear human health impact to be removed from their responsibilities at the federal, state, and local levels (Gordon, 1992). These disappearing issues of environmental health and protection refer to the protection against environmental factors that may negatively affect human health or the ecological balances essential to long-term human health and environmental quality. These factors include, but are not limited to, issues of air, food, and water safety; radiation; toxic chemicals; wastes; disease vectors; safety hazards; and habitat alterations (Davis et al., 1993).

Gordon (1995) argues that what is sometimes missed by local and state officials is that by creating two separate agencies, one is in fact creating two separate health agencies. Despite the separation of such programs, both have health goals, both are based on health standards, and both would not exist

except for their health implications. All such programs require the same type of program methods, laboratory support, legal resources, epidemiology, prioritization, risk assessment, risk communication, risk management, surveillance, and data (Davis et al., 1993). A 1990 report from the EPA's Science Advisory Board, *Reducing Risk: Setting Priorities and Strategies for Environmental Protection*, stated that "Yet from the perspective of risk there are strong linkages between human health and the health of the wetlands, forests, oceans, and estuaries. Most human activities that pose significant ecological risks—for example, the effects of agricultural activities on wetlands—pose direct or indirect human health risks as well. Likewise, actions taken to reduce pollution and thus improve human health usually improve various aspects of ecological quality." In short, beyond their importance for protecting plants and animal life and preserving bio-diversity, healthy ecosystems are a prerequisite to healthy humans and prosperous economies (Environmental Protection Agency, 1990).

Experience has shown that the removal of these environmental programs from public health agencies has led to inadequate attention to the important health dimensions of environmental health problems (Association of State and Territorial Health Officials, 1991). Retaining these responsibilities in the public health arena assures that the health implications of environmental hazards receive the necessary and appropriate attention (Association of State and Territorial Health Officials, 1991). We must recognize that "equals cannot coordinate equals," and that an individual or agency cannot control the policies of another agency (Gordon, 1999).

In summary, it is important to note that environmental health and protection is an integral component of the continuum of public health services. Separating these functions from the rest of public health leads to a fragmentation of environmental health programs and loss of public health guidance and skills on important environmental health and protection issues.

Argument for Separation of Public Health and Environmental Functions

The Public Health Model Is Inappropriate for Environmental Protection Programs

The regulatory responsibilities of KDHE in the environmental sector evolved under the public health model and were, until the 1960s and 1970s, closely linked with protecting public health. The history of this evolution is described in the introduction of this paper. The burgeoning environmental movement of this period placed new burdens on regulatory agencies with environmental responsibilities. Before then, the primary focus of environmental regulation had been environmental sanitation to protect public health. However, in the 1960s and 1970s, the environmental agenda expanded to include recreational values of the environment; sustaining and protecting wildlife, especially endangered species; protecting unique ecosystems; and aesthetic values. This work relies heavily on arguments presented by Harkins and Baggs (1987).

Differing Units of Concern

The unit of concern in the public health model is a population at risk, while the unit of concern in the environmental sector is a geographic area at risk, usually with some hydrologic or ecological element in common. In Kansas, populations at risk are first identified by political boundary (county) and then by demographic characteristics (e.g., gender, age, race, family status). This is clearly an inappropriate unit of concern for the environment, where the focus is more commonly: (1) a hydrologic unit connected by a stream or by an area of groundwater recharge or by common drainage into a lake or pond; or (2) a unique ecosystem, such as the Quivera National Wildlife Refuge.

In fact, a current national environmental goal is to reduce non-point source pollution. A plethora of national and state programs aim to do so through research, education, and technical and financial assistance. The national goals and strategies for achieving them are outlined in the document *Water Quality 2000*, especially Chapter II, National Water Resources Policy A First Step (U.S. Environmental Protection Agency, 1992). In this document, a new national water policy would integrate surface and groundwater resources planning and management with related societal activities under a watershed framework, a hydrologic unit. In addition, the current administration's written strategy for meeting the goals of the Clean Water Act, the *Clean Water Action Plan* calls for a watershed approach to protecting and restoring the nation's water resources (Environmental Protection Agency, 1998). Watersheds often cut across political boundaries such as counties and even states, offering special challenges to water resources planning and management. A county-by-county approach is certainly not a logical strategy for protecting the environment.

Differing Operational Strategies

Public health protection and environmental protection have differing operational strategies. Because the public health strategy is designed to achieve the goal of preventing disease, it emphasizes such actions as monitoring and treatment of public water supplies; wastewater treatment; regulation of preparation, storage, distribution, and handling of food; immunization programs; and sanitation programs to manage human waste. In this strategy, there is a certain degree of uniformity of standards that will result in no (or at least acceptable) risk to human health.

In the environment sector, operational strategies must be based on the unique characteristics of specific regions or on the unit of concern. Statewide arbitrary standards are not appropriate for most environmental issues, because they will result in needless obstacles in some cases, be unachievable in others, and perhaps be insufficiently protective in still others. A regulatory environmental strategy must contain reasonable objectives based on what is desirable, achievable, economically justified, and politically acceptable. Environmental standards vary according to the physical and biological characteristics in given locales and the risk for environmental damage.

Differing Organizational Structures

The organizational structure needed to implement the public health strategy emphasizes county government operating in conjunction with the Division of

Health. As such, it differs from the structure needed to implement an environmental protection strategy where there is shared responsibility with other state agencies and a need for a more regional, ecosystem, or watershed-based approach. The public health organizational structure has evolved into a county-based health department in almost all Kansas counties, with a public health officer authorized to enforce public health laws.

In the environmental area, responsibility in several key areas is shared with other state agencies. For example: (1) for oil and gas regulation, with the Kansas Corporation Commission; (2) for regulation of pesticides and fertilizers, with the Department of Agriculture; (3) for protection of endangered species, with the Department of Wildlife and Parks; and (4) for water resources planning, with the Kansas Water Office. A county-level organization would not be able to coordinate with these other state agencies, nor would it be able to provide the kind of regional or watershed-based approach needed for environmental protection.

Differing Funding Sources

Financing for public health programs and environmental programs comes from very different sources. For public health programs, it comes primarily from a combination of state general revenue funds, fees, and county property taxes (as a result of the county organizational structure). As a result, the public health sector has a more solid funding foundation and some flexibility for targeting funds.

For environmental programs, financing is much more dependent on federal funding sources, especially the EPA, combined with state sources. Thus the environment sector remains dependent on the whim of the federal government, faces uncertainty in funding major initiatives, and is often restricted to responding to federal mandates instead of addressing local needs and concerns.

Differing Monitoring Systems

The public health sector has a built-in monitoring and management process. It includes laws that require physicians and hospitals to report a wide variety of data, from incidence of selected diseases to the cause of every death. Thus the public health protection strategy continually receives input from the monitoring system, which allows continued updating and refining.

In comparison, planning in the environment sector is more dynamic and lacks built-in monitoring. Environmental planning is thus more of a moving target. Although KDHE is responsible for providing environmental monitoring, its limited resources preclude the compilation of complete monitoring information. As a result, a process that requires monitoring, constant review of outcomes, and periodic updating of objectives is essential on a regional or watershed basis.

VII. Procedure for Collecting Kansas Stakeholders Opinions and Other States Experiences

In addition to assimilating previous work, this investigation attempted to objectively categorize the concerns and expectations of key stakeholders, informants, and consultants. The issues identified by this process were then evaluated according to their prominence in other states that had undergone their own process of reorganization of state health and/or environmental functions.

Kansas Stakeholders Interviews

A list of key informants was solicited from expert consultants and informants and then further developed by project staff. A snowball technique added more names to this list as interviewed informants were asked to suggest other people to contact. While it was not feasible to interview everyone who might be affected by, or have an opinion on, changes to the organization of public health and environmental functions around the state, an attempt was made to interview representative groups of people with differing perspectives.

Informants were contacted and the nature and purpose of the research was explained. Interviews were conducted in person when possible or by phone when necessary. To obtain as frank opinions as possible, all informants were guaranteed that their comments would remain anonymous and that no one would be singled out to be quoted or referenced, and that opinions would not be attributed to individuals.

Interviews lasted from 30 minutes to 1 hour and followed a structured format. Informants were asked to respond to a series of open-ended questions. Because some questions were designed to tap a particular respondent's knowledge base and perspective, not all informants were asked all questions.

Forty-two persons were interviewed (*see Table 2*). Participants were drawn from six groups:

- (1) 10 members of the Kansas Senate and House of Representatives, including the Speaker of the House and President of the Senate;
- (2) 6 employees of the Kansas Department of Health and Environment, including the secretary, director of environment, the acting director of health, and the director of the KDHE laboratory;
- (3) 1 member of the governor's staff;
- (4) 3 expert consultants with experience in public health and/or environmental issues;
- (5) 11 representatives from other state, federal, and private agencies that have direct dealings with KDHE; and

- (6) 11 representatives from a variety of associations and interest groups representing agriculture, livestock, public health, and environmental interests.

Table 2. Kansas Stakeholders Interviewed

Representing	Number Contacted
Kansas Legislators	10
Employees of KDHE	6
Governor's Staff	1
Expert Consultants	3
Local, State, Federal and Private Agencies	11
Associations and Interest Groups	11

Collection of Other States Experiences

Detailed information was collected from six other states to assess the outcomes of their reorganizations. It was hoped that the experiences of these states would provide information relevant to the expressed expectations and concerns of the key informants and stakeholders in Kansas. The selection of comparison states was made on the basis of several criteria. First, expert consultants, key stakeholders, and/or informants recommended states as models of success or failure. An attempt was made to find a mix of states that differed in their length of time since reorganizing, the type of program implemented, and the perceived success of the reorganization. Finally, the importance of selecting states with similar environmental and agricultural issues was taken into consideration. Based on these criteria, the following states were chosen for the detailed analysis: Iowa, Nebraska, New Mexico, Oklahoma, South Carolina, and Washington.

Table 3. Other States Information

State	Health Model	Environmental Model	Latest Reorganization
Iowa	Independent	Super	1985
Nebraska	Super	Independent	1995
New Mexico	Independent	Independent	1991
Oklahoma	Super	Independent	1992
South Carolina	Combined	Combined	1973
Washington	Independent	Super	1989

Iowa

Iowa, like Kansas, relies heavily on agricultural crops and services. Along with Kansas and Nebraska, it lies within the EPA's Region VII. This regional similarity allowed for some comparison of compliance rates and other environmental indicators. In addition, Iowa has similar demographics and health issues. The fact that Iowa has had a separated department since the

late 1970s that went through a more intensive reorganization in 1985 provided an opportunity for examining the long-term effects of separation. Iowa currently has an independent health agency and a super-agency on the environmental side.

Nebraska

In addition to its regional proximity, Nebraska is a largely rural agricultural state much like Kansas. It shares many of the same agricultural concerns, including pesticide use and water, and it, too, is a member of the EPA's Region VII. Although the health and environment components were never combined in Nebraska, in 1995 the state underwent a major reorganization that dramatically changed the structure of its health and environmental functions. Nebraska currently has a super-agency for health and a independent environmental agency.

New Mexico

New Mexico does not share as many environmental and agricultural issues with Kansas, but it has recently undergone separation of a combined health and environmental agency. This 1991 reorganization was similar to some of the past recommendations for restructuring Kansas public health and environmental functions. In addition, there is currently some debate about the success of this reorganization, with consideration of whether the health and environmental functions should be restructured back into their previous configuration. Both of New Mexico's health and environmental functions are performed by independent agencies.

Oklahoma

In many ways, Oklahoma is quite similar to Kansas. We share many of the same agricultural, environmental, population, and political issues. A great deal of information exists on Oklahoma's reorganization and creation of separate departments of health and environmental quality in 1992. This state's experiences could be used as key indicators when considering reorganization in Kansas. Like Nebraska, Oklahoma has a super-agency for health and an independent environmental agency.

South Carolina

It has been suggested, depending on the definition, that Kansas and South Carolina are the only two states that continue to operate with public health and environment functions combined in one agency. The South Carolina Department of Health and Environmental Control is easily recognizable as a combined department. Reorganization in South Carolina was briefly implemented from 1970 to 1973, then considered again in 1994 during a major restructuring of state government. The decision was made to retain a combined department but require additional accountability. In many ways, South Carolina may have achieved the model of integration between public health and environmental functions in a single department that Kansas has not experienced.

Washington

Washington State is nationally recognized as a leader in its public health system. Because of the amount of time since its reorganization (1989), Washington can be used as an example of the long-term effects of separate departments. Although geographically separated from Kansas, Washington shares many of the same concerns with agriculture and industry.

Selection of Other States Informants

In each target state, informants represented five major constituencies. First, knowledgeable representatives were identified from within the state agencies that have current responsibility for health and environmental functions. Several individuals were sought out in each agency, with the focus on those who had been with the agency prior to its reorganization. In addition, representatives who could discuss the management and leadership of the agency were also interviewed. To provide an external public health perspective, a representative informant was also located from the local health department (or its equivalent) in each state. Similarly, a representative informant was located for environmental interest groups (e.g., the Sierra Club). Finally, a representative informant was identified from a farming or agricultural interest group that was regulated by the state environmental agency. Each informant was asked a series of open-ended questions about the health and environmental functions, and about changes in those functions in their state. As with the key informant interviews, all participants were assured that their comments would be confidential.

VIII. Kansas Stakeholders Concerns and Expectations: Evaluated Using Other States Experiences

To develop a clear understanding of the expectations and concerns of changing the organizational structure of public health and environmental functions in Kansas, data were collected from key informants representing a wide variety of perspectives. The following summary of major issues raised by informants also delineates the arguments posed by differing perspectives, and the relevant experiences and information from other states. (Every attempt was made to obtain a representative and well-balanced sample. This was not, however, a random sample of any population and these data should not be interpreted as an opinion survey.)

The balance within the interview sample can be seen by the relatively equal spread of responses to the question, Should KDHE be separated into two agencies to address health and environmental issues? Slightly more respondents answered positively (with answers ranging from definitely yes to it probably should be) than answered negatively (with answers ranging from over my dead body to the current system is not good but it works). In addition, some respondents were neutral or non-committal (with answers like it depends how it s structured and yes and no).

Current Status of Integration Between Public Health and Environmental Functions

Informants comments show that there is a widely held perception that the divisions of health and environment within KDHE are not integrated as originally intended. Very few of the informants thought the divisions were functionally integrated, with most agreeing they were only minimally integrated or not integrated at all.

According to respondents, the main areas of integration in the department encompass the laboratory and the administrative, legal, and information technology units in the secretary s office. Although the two divisions have no programmatic integration, they coordinate and communicate on a handful of issues. They share limited information, no funding, and few staff resources. There appears to be one exception where real integration occurs, which is in the sharing of epidemiological support between divisions (see Appendix A for KDHE organizational chart).

The experiences of other states indicate that integration on a functional and programmatic level is indeed difficult and that Kansas is not unique in this respect. Even in a combined cabinet-level organization, strong leadership is essential to implementing integration through shared communications and extensive interaction between divisions. There are, however, important issues

requiring communication and cooperation that is even more difficult in separated agencies.

This difficulty in integration stems in part from the fact that both environmental and health programs depend heavily on federal funding from different sources (e.g., EPA, CDC). Integrating these unintegrated national federal programs on a state level while basically serving as a federal sub-contractor for them is difficult if not impossible.

Leadership

Concern about the leadership of the organization (leadership structure, selection process, and technical expertise not any one secretary) was one of the most oft-cited reasons for dividing the agency. Many of those in favor of restructuring KDHE indicated that leadership issues were their primary reason for taking that stand. These concerns fell into two major categories: (1) the necessity for technical expertise; and (2) the scope and focus of the position.

Necessity for Technical Expertise in a Leader

There is strong disagreement about the appropriate level of, and necessity for, the secretary of KDHE to have some technical expertise in health and/or environmental issues. Furthermore, this concern appears to cut across both positive and negative attitudes on whether the department should be divided. Some informants specifically stated that it was important to have a secretary with some technical expertise. Conversely, other respondents said that such technical expertise was not necessary or important. It was widely agreed, however, that it is impractical or even impossible to have a secretary who is expert in both areas.

Those in favor of requiring technical expertise gave two major arguments for their position. First, they suggested that many key decisions are being made on the basis of advice alone, so a functional understanding of the technical aspects of a problem would better enable the secretary to grasp the importance and impact of the problem. Second, without a technical understanding, a secretary has more trouble developing a vision for the divisions, so their programs are more reactive than proactive.

Those who argue that technical expertise is not critical for good administration suggest that the proper role of secretary is that of manager. It is not the job of the secretary to be an expert in the field, which can be left to division heads. Instead, it is the responsibility of the secretary to hire good technical experts to lead the divisions and to rely on them for advice. Some informants suggested it is perhaps more important for the secretary to be politically skilled than to be technically knowledgeable.

In examining the experiences of other states, we found that none of the target states require technical expertise for their top positions for health and/or environment. There was consensus that some technical expertise and/or

experience helps make any leader's tenure more successful. There was also clear agreement about the importance of both management skills and political skills (perhaps even more so) as necessary qualifications for the top position in health and/or environment. Informants suggested that knowing which issues to address (technical expertise) is of little value without the skills to achieve change within the political arena.

Scope and Focus of the Leadership Position

Another common concern among those in Kansas who favor a division of the agency is that structural problems can cause leadership problems. Respondents were almost equally divided among those who felt that there were basic underlying problems with the way the secretary's position is currently structured and those who saw no problems with that structure.

The most commonly cited structural issue (by those in favor of change) was the overly broad scope of the job. Because the secretary must switch back and forth on issues as diverse as hog farms and day care, the wide breadth and constant flow of crises promote a reactive mode and do not allow the secretary to focus as much attention on issues as they deserve.

Informants from other states concurred that there are important ties between the two departments on environmental health issues but suggested that separated agencies would enable leadership to address the key concerns of each agency more effectively. This increased efficiency would result from having more time available to focus on a smaller set of tasks.

In a related argument, most respondents suggested that dividing the agency would give each division its own secretary, who could better focus on priority issues and provide them with more visibility in the legislature and with the governor and the public. A few respondents disagreed, noting that a reorganization would not guarantee improved visibility of key issues and might even reduce the attention paid their issues instead.

Again there was agreement from other states that dividing a combined agency would result in a more clearly focused leadership. Respondents also stated that this focus would result in increased visibility for both departments and their issues with important groups, which include the governor's office, the legislature, the media and the public. Furthermore, they agreed that this visibility was beneficial to departmental programs and priorities.

Responsibility for Environmental and Health Functions in State Government

Currently in Kansas, health and particularly environmental regulation, enforcement, and responsibilities are spread across several state government organizations. On the environmental side, water is perhaps the best example. There are currently many organizations, including: KDHE, Water PACK, Kansas Association of Groundwater Management Districts, Kansas Rural

Water Association, Kansas Water Office, Department of Agriculture, Department of Wildlife and Parks, State Conservation Commission, and Water Planning Commission, that have some involvement in water issues. Similarly, in regard to health issues, there are food safety issues in the Department of Agriculture, and health care and mental health issues in the Department of Social and Rehabilitative Services, as well as others.

There is debate about the relative benefits and drawbacks of this system. Any structural, programmatic, or financial changes have the potential to affect these public health and environmental functions of state government on a large scale, including the possibility of pulling various functions into or out of the current or reorganized divisions of KDHE.

Those who argue in favor of a larger restructuring of public health and environmental functions suggest that the current system fosters duplication of effort. There is also little communication or coordination among agencies with related or overlapping responsibilities, which makes it difficult for customers to navigate. A majority of respondents agreed that problems in the current system affect how responsibilities are distributed across state government.

The counter argument is that the current system provides a system of checks and balances so is more responsive to local concerns; policies and procedures are thus more mainstream. Most respondents, despite acknowledging some problems with the current system, viewed a large-scale reorganization as unwise (either because the system already worked well or because existing problems did not warrant the resources and political effort required for a successful large restructuring).

It should be noted that the issue of diffusion of responsibility and checks and balances is a different issue than whether a separate or combined agency is more functional for health and environmental issues.

The concept of a system of checks and balances did not receive any support from the respondents in other states. They did not see a legitimate need for a wide system of checks and balances, and they viewed the costs and difficulties that come with a duplication of services as outweighing any benefit. None of the respondents reported any loss of control or other substantial negative consequences to their states consolidations.

External Impact of Reorganization

A great deal of concern has been voiced about the potential impact of restructured public health and environmental functions on agencies, programs, departments, and industries outside KDHE.

Agencies and Associations

A vast majority of the 20 agency and association representatives who were interviewed saw simply dividing the agency at the secretary level as having little or no impact on their agency or constituency. There was some concern, however, that this separation could be the first step in a larger reorganization. Others worried that restructuring environmental functions could have a negative impact on agriculture, farming, and industry. The crux of this argument is that an independent environmental agency could create new environmental rules and regulations that might damage these industries economically.

The experiences of other states indicate that this added oversight is unlikely. No representative from any other state reported any change in the level or nature of environmental enforcement or regulation standards due to a change in state structure. Instead, any perceived change was more likely the result of the new agency consistently enforcing existing regulations and standards. It was mentioned that major changes in enforcement and regulation are far more dependent on federal regulations and standards, and that they happen regardless of agency organizational structure. This was true for the independent, combined, and super-agency structures for the environment.

Local Health Departments

Perhaps the most vulnerable organizations that could be affected by a reorganization of public health and environmental functions are local health departments. Many respondents said that there might be some negative impact at the local level (on health departments, district offices, or water departments). The majority of these concerns related to the ability of local public health officials to influence, or focus attention on, environmental health issues. The largest concern is that the local departments would have to deal with two state agencies instead of one. In addition, local public health officials might lose their ability to address environmental issues directly with the secretary of the department, and funding streams might be affected.

The experiences of other states are not directly applicable to this issue, because local public health functions are structured differently in each state. However, two trends seem to cross these boundaries.

- (1) Statewide restructuring of any kind tends to result in some confusion and disappointment for local health departments, because they fear losing local environmental control. This confusion is somewhat transient, as public health departments learn whom to contact for what function. Furthermore, the loss of control can be greatly minimized by maintaining appropriate environmental-health functions within a state public health department.*
- (2) The increased visibility and focus of leadership that tend to come with the separation of public health from other agencies can be a boon to local health departments. It is beneficial for public health issues to receive more attention from the public and for state leadership to pay more attention to local departments and their specific issues.*

Cost of Separation

Many key informants, particularly legislators, agreed that the potential cost of reorganizing health and environmental functions fueled their reservations or explained why this issue had failed in the past. The arguments on this matter are very clear. Some believe that reorganization can be done with relatively little additional expenditure, while others believe that reorganization will be costly.

We asked the KDHE budget office to estimate the costs of duplicating various administrative positions. This information was then used to develop different separation scenarios that are based on current and past plans for KDHE reorganization, as well as on the experiences of other states. Rather than serving as an actual cost prediction, this information illustrates potential costs. Details of these projections are discussed later in this report; however, the experiences of other states indicate that there are two major cost categories in any reorganization:

- (1) One-time expenses that primarily involve moving costs and equipment purchases.
- (2) Recurring expenses that result from duplicating key technical and administrative personnel.

Estimating the one-time moving and infrastructure costs proved to be a difficult task. No state had accurate records or even estimates of the amount of money that had been spent in the endeavor. However, all respondents believed that these costs had been underestimated. The estimated costs in the 1993 ERO No. 25 were clearly unrealistic and were recognized as such by many members of the legislature. Some indication of more realistic costs can be gauged by the \$235,000 budgeted for the 1998 move of administration into the Capital Towers building. Although moving and reorganizing nearly 1,000 state employees will doubtless be expensive, a unique window of opportunity exists with the building of a new state office building. Current plans call for consolidating most KDHE personnel (with the exception of the laboratory) in the new office building. There will necessarily be many of the same moving and equipment costs involved in this consolidation as there would be in reorganization. If reorganization were timed to coincide with the completion of the new state office building, it would greatly minimize any additional one-time reorganization costs.

The experiences of other states indicate that estimating the recurrent costs associated with staff duplication is somewhat easier, and to some degree would be dictated by available resources. The additional staff costs of any separation are highly dependent on the structure of the resulting agencies. A review of the administrative organizational structure of KDHE determined which key management and technical positions would have to be duplicated to maintain the current administrative structure in two new departments. It

is assumed that current administrative staff would be divided among the two new agencies. New positions would be required where there is currently only one management or technical position and a second one would be needed in the new department. It is estimated that up to 14 FTE of management, administrative support, and technical expertise would have to be duplicated (see Appendix B for detailed staffing assumptions and costs). The costs of these duplications could vary widely, from no additional costs to more than \$800,000 per year, based on differing reorganization scenarios that will be discussed in the section of this report on future options.

Two cost assumptions seem clear from the experiences of other states:

- (1) The costs of reorganizing are almost always underestimated. Those most frequently mentioned by other states were for duplication of key personnel, hardware needs of the new department, and additional office space and related moving expenses.*
- (2) A variety of mechanisms exist for dealing with these costs. Some states have reorganized health and/or environmental functions with little or no additional funding, while other states have reorganized with money provided by legislative actions.*

Summary of Concerns and Expectations

Specific concerns and expectations can be extrapolated from the information obtained from local stakeholders and from the experiences of other states. Chief among these are:

- (1) Kansas health and environmental functions are not now integrated as originally intended. True integration would be a difficult, if not impossible, task.
- (2) Technical skills in a secretary, although helpful, are not critical to the effective functioning of an agency. Political and management skills are the most important skills for a secretary.
- (3) The structure of an agency (combined or not) is not as important as its leadership. Good employees and good leadership can make an existing structure more functional; conversely, ineffective leadership and inadequately prepared employees can make any system dysfunctional.
- (4) Separating public health and environmental functions would likely result in greater visibility for both the health and the environmental issues.
- (5) Concern about the potentially negative effects of a system-wide reorganization disrupting an existing system of checks and balances appear to be unwarranted.
- (6) A separation of KDHE would have little impact on any external sectors, including farming and industry. The functions and effectiveness of the new departments should remain about the same.
- (7) One sector that may be affected is the local health department, which, after a period of readjustment, could experience both some negative and some positive consequences.
- (8) Any reorganization has the potential to be costly. Moving and equipment expenses are the most difficult to predict and, in other states, were often underestimated. These costs could be greatly minimized by timing a restructuring and any subsequent relocation of functions to coincide with the completion of the new state office building. A variety of strategies could address the necessary duplication of staff functions and related costs.

IX. Expected Outcomes of Separation

Separation may result in increased visibility for both new agencies. This added exposure may translate into more time for a secretary to address important program issues with the governor, the legislature, and other key stakeholders. Increased public visibility may also result, which would make the missions of service agencies like health and environment more productive, responsive, and accountable. In certain circumstances, however, increased visibility could make the new departments easier targets for opposition and legislative scrutiny. This possibility might prove particularly true for environmental programs which may be opposed by industry and agriculture.

A second expected change falls within the area of leadership. Although it is possible to run a combined agency effectively, the separation of environmental and public health functions could result in a greater likelihood of finding a secretary with appropriate technical expertise and/or background.

Historically, it has been difficult to find a secretary with a vision for the department broad enough to encompass both health and environment. This lack of a broad and compelling vision is seen by many as resulting in a reactive rather than a proactive agency. In its current structure, KDHE is likely to remain reactive. Separating the health and environmental functions could enable the new agencies to define and work toward a more focused vision.

A programmatic separation would also address the perception that some appointed secretaries give more attention and resources to one division than the other. Separating the agency would eliminate the possibility for this bias to occur.

There will always be important environmental health issues that overlap public health and environmental agencies. Creating separate agencies would require the development of new mechanisms to establish effective linkages between the agencies.

The experiences of other states indicate that at least in the near future the functioning of the new agencies may not be greatly improved, and, in fact, that a large reorganization would most likely result in less functional agencies during the separation and for some time afterward. Informants have suggested it could take up to two years for programs to become fully functional after a major structural change.

Any reorganization of health and environmental functions will have some additional costs (e.g., for duplication of administrative support and for physical relocation of staff and equipment).

X. Options for the Future of Public Health and Environmental Functions in Kansas

Decision-makers faced with whether to reorganize KDHE not only need to consider the potential consequences of doing so but also need to evaluate the different options for proceeding. Important issues surround each of the three alternatives: (1) maintain the status quo, (2) foster integration in the current agency structure, and (3) separate the divisions of health and environment (without additional changes).

Option #1. Maintain the Status Quo

The first option is to leave the current system alone. By far the easiest decision, this option does not require the serious deliberations mandated by the others. Some of the problems now experienced by KDHE are doubtless exacerbated by the physical distance between the Department's component programs and divisions. Thus there is some hope that program cohesiveness and integration may improve when the majority of KDHE offices are moved to the same physical location.

Option # 2. Build Mechanisms for Integration within the Existing Combined Agency

A second option available to decisions-makers is to actively encourage the kind of integration that was envisioned when KDHE was formed. Such an initiative would be grounded in a belief that environmental issues are environmental-health issues with a critical human welfare component. Integration attempts should thus focus on bringing the appropriate skills and knowledge of public health to environmental issues.

Increasing epidemiological support for the Division of Environment would seem to be an appropriate way to build on KDHE's existing successes. One way to achieve this goal would be to add one FTE epidemiologist to work exclusively with the Division of Environment. Adding such a position should increase the agency's ability to determine the population impact of environmental issues.

An additional public health strategy that could foster a more integrated, holistic department is to apply health needs assessments and health risk assessments to environmental issues. This strategy helps determine the potential human risk from various environmental issues, and it serves as a basis for evaluating the effectiveness of intervention strategies. There are two possible ways to meet this need. The first option requires additional resources for the Division of Environment in the form of staff and analytic support to conduct such analyses. The second option is to have these needs

assessments done by an external third party. Some experts have suggested that an external analysis would free the assessments from the internal demands and political forces that might influence them.

Both these strategies should be designed not only to identify the potential human risks associated with environmental issues, but also to place these issues in an appropriate context based on their relative risk to human welfare.

As discussed earlier, there is some concern that each division does not currently have optimal visibility and draw deserved attention. It thus may be useful to develop separate legislative liaisons in the secretary's office to focus on each division. These individuals could also serve as an interface between the divisions and the secretary and they could bring additional technical knowledge and political skill to the KDHE administration.

All these integration activities (as now suggested) would require additional or reallocated funds. If all the positions were filled with new employees, the additional cost per year for salaries and fringe benefits would be almost \$150,000 (*see Appendix B*).

Option #3. Separate the Divisions of Health and Environment into Two Cabinet-Level Agencies

Separating the Divisions of Health and Environment into two cabinet-level agencies would require careful consideration of a number of issues. Any reorganization carries with it the potential to be expensive. Moving and infrastructure expenses would be the most difficult to project accurately. However, the construction of the new state office building presents a unique opportunity for minimizing costs beyond those already destined to be incurred by relocating KDHE there.

One of the most important aspects of any reorganization is the impact on the position of secretary. Currently, there are no required qualifications for this political appointment. However, in the future, qualifications could be imposed, making the positions technical as well as political. If the secretaries of the new departments are required to have technical expertise and/or a background and experience essential to leading the agency, it may be possible to eliminate the current director positions. If technical expertise is not required of the secretary, it would be necessary to maintain the director positions (or some equivalent technical expert) in the new departments.

Another critical set of decisions would involve dividing the existing programs and staff between the two new departments. The separation of the secretary's office and other administrative and support staff would require the duplication of a number of management, administrative support, and technical expertise positions. The number of new staff required and the willingness to eliminate other existing positions would have a great impact

on the ongoing costs of these duplications. Four possible scenarios demonstrate the variability of this potential cost factor. These costs are only estimates of the increased costs of duplicating administrative and management functions (14 new FTEs) to maintain the same management structure. (See Appendix B for detailed staffing assumptions and costs.)

- (1) New staff members are hired to fill all duplicated positions and the secretary position remains one of management and political skill. In this scenario, the secretary remains the political leader but does not need technical expertise, while the division heads remain as technical experts. Costs to the state, including salary and fringe benefits, total just over \$800,000 annually.
- (2) New staff members are hired to fill all duplicated positions, the division heads are eliminated, and the secretaries are required to have technical skill as well as management and political skills. Costs to the state, including salary and fringe benefits, total just over \$580,000 annually.
- (3) Some personnel are reassigned to fill management, technical, and administrative support positions. Assuming that half the FTEs can be filled from within KHDE, this plan would involve hiring fewer new staff members. The positions of division heads would be eliminated and the secretaries would be required to have technical skill as well as management and political skills. Costs to the state, including salary and fringe benefits, would total just over \$290,000 annually.
- (4) The final option, and the one considered in the most recent legislation, is to fill all new positions from existing KDHE staff, or to offset the cost of hiring of new staff by eliminating existing KDHE positions. If the division head positions are eliminated and the secretaries are required to have technical skills as well as management and political skills, then these personnel costs could approach zero. In this scenario, there would be no added ongoing costs to the state.

The experiences of other states demonstrate that any of these four scenarios is possible. Which is implemented depends on the choices made in the reorganization process by the governor and the legislature.

Once a reorganization plan has been selected, the next major decision will be to determine where to place the existing bureaus and sections of KDHE. In many ways, the divisions are already functionally separate agencies that could be divided along existing programmatic lines. However, some serious consideration must be given to the appropriateness of extracting clear environmental health issues from the Department of Environment and placing them in a Department of Health. The goal of such programmatic shifts would be to maximize the extent to which environmental issues with clear relevance to human health are kept together with other public health functions. In doing so, it may be possible to not only reduce the confusion and loss of power felt by local public health officials, but also to reduce the impact of decreased communication between health and environmental programs

that would occur in a division of KDHE. These environmental health concerns are the very issues that have kept health and environmental functions combined in one state agency. The problem for decision-makers is that while there exists a crucial set of shared environmental health issues, this overlap constitutes a relatively small percentage of both divisions overall programmatic areas (see *Figure 1*).

The decision at hand is the optimal division of these overlapping functions. Some experts have suggested placing environmental health issues with a *direct* impact on human health under the jurisdiction of health officials. Furthermore, they suggest placing environmental health issues that are mainly monitoring or surveillance tasks for identifying hazards to human health under the jurisdiction of environmental officials. Conversely, other experts argue that all environmental health issues should remain under the jurisdiction of environmental officials, who have the training and expertise to deal with them.

The Center for Health and Environmental Statistics (CHES) is currently shared by the two agencies under the management of the secretary's office. It would be necessary to place this program under the administrative management of one of the new departments. Historically, CHES has been seen as most logically placed in a Department of Health because the current Division of Health is the primary user of its services and shares many of the same techniques and procedures.

The most debated issue has been where to place the Division of Health and Environmental Laboratories (laboratory) in two new departments. The two options of dividing the laboratory between the two departments or of making the laboratory an independent agency have not been seriously considered because of their significant costs. Indeed, the experiences of other states indicate that duplicating the laboratory would be extremely expensive, with relatively little added value. This leaves decision-makers with but one choice, to retain the laboratory as a single unit under the organizational structure of either the new Department of Health or the new Department of Environment. The agency that does not control the laboratory would then contract for the services it now receives. Information from other states suggests that the laboratory could be functionally successful if placed in either of the two departments. There has been local concern that the laboratory may be less responsive to the agency that does not administer it. Advocates for placing the laboratory in a Department of Health argue that there are critical health and public health tests that require a rapid response.

One final decision to be made involves the administration of the six district offices in Hays, Dodge City, Salina, Wichita, Chanute, and Lawrence and one satellite office in Ulysses. The Bureau of Environmental Field Services currently administers all environmental program operations at the district offices and is responsible for supervising the clerical staff. Employees of the Division of Health constitute the majority of the staff in the district offices and report directly to program officials in Topeka. Current responsibility for these facilities rests with the facilities management division of KDHE.

Previous separation proposals have suggested giving administrative control of the district offices to either division.

A Discussion of Reorganizing Public Health and Environmental Functions as Part of a Larger Reorganization Across the State

Any reorganization carries with it the potential for immediate or distal reassignment of health and environmental functions within state government. It is important to highlight issues necessary to consider in any larger reorganization.

Although the costs of making any adjustments to the KDHE Laboratory in a separation would be prohibitive, new possibilities emerge in a larger reorganization. The KDHE Laboratory is one of the largest state-run laboratories, but not the only one. In a larger reorganization, it would be worthwhile to examine the possibility of consolidating laboratory functions and creating a super-lab to handle all of them for the state.

Some key informants in Kansas emphasized the importance of maintaining a system of checks and balances. The experience of other states indicates that there are few negative consequences to consolidating related functions in one agency. If such a consolidation of health and environmental functions were undertaken, several issues should be considered.

For a health department, there are two issues. The first is consolidation of other public safety and public health functions from around the state. The second revolves around the creation of a super-agency for health. In many states, health care (Medicaid and CHIP) and/or social services are combined with public health functions in one department. Public health informants both locally and nationally expressed serious concern that a super-agency may be an undesirable alternative. Instead, they suggested that public health functions tend to lose their identity when incorporated in a super-agency. In comparison to budgets for health care and social services, their budgets are small and they have less impact within the overall organization.

Similar issues exist with a larger reorganization of environmental functions. There is currently a wide variety of organizations and agencies in Kansas with overlapping concerns and/or authority in the Division of Environment. The common concerns about water have been highlighted as an example, but similar issues exist around pesticide control and other environmental concerns. Furthermore, decision-makers must distinguish between environmental regulation and enforcement, planning, and resource management, and the appropriateness of each function within one or more agencies. Currently, the Division of Environment is involved only in environmental regulation and enforcement. The planning for environmental quality and use, and the management of environmental resources, are dealt with by differing agencies. Decision-makers should consider carefully

whether to combine regulation with planning and management, because these areas may have differing and possibly conflicting goals and missions.

It is not our intention, nor would it be possible, to address the issue of the costs of such a reorganization or the issue of any potential cost savings from a consolidation of functions.

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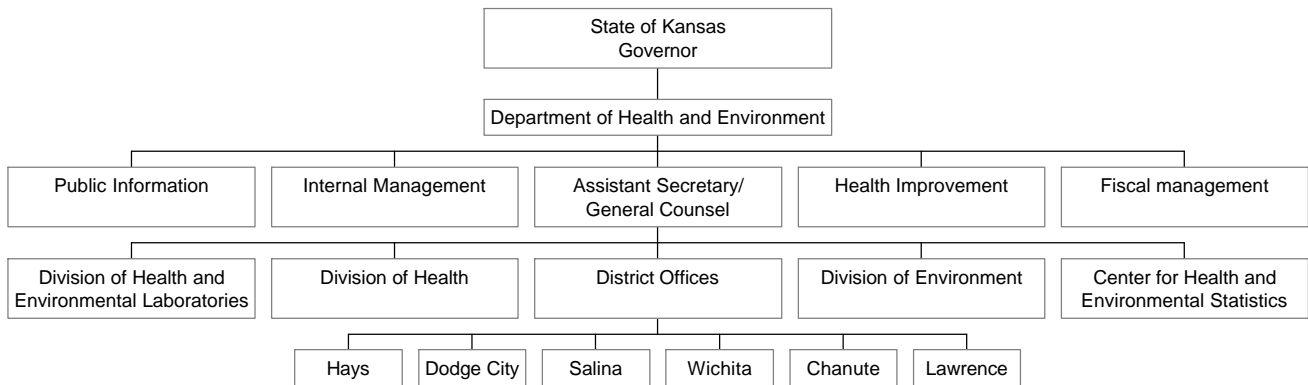
Appendix A. KDHE Organizational Charts

Kansas Department of Health and Environment Organizational Chart

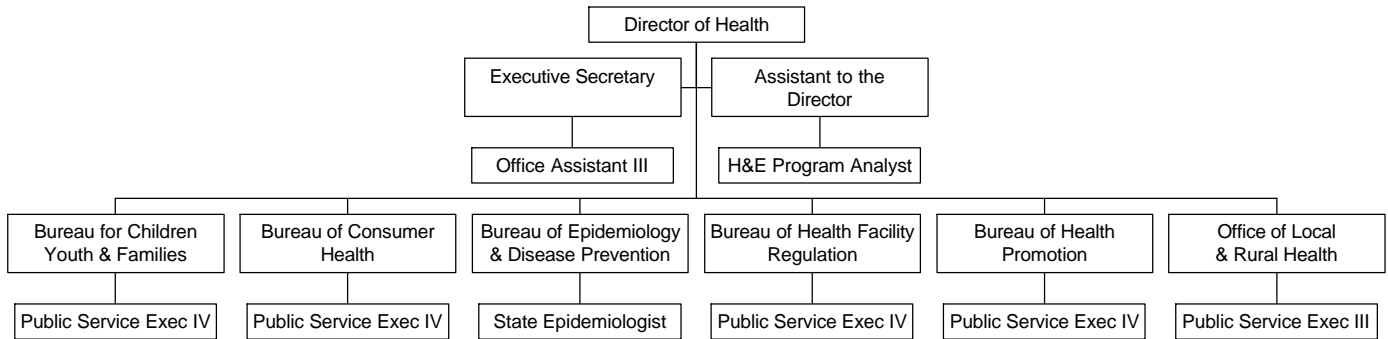
Kansas Division of Health Organization Chart

Kansas Division of Environment Organizational Chart

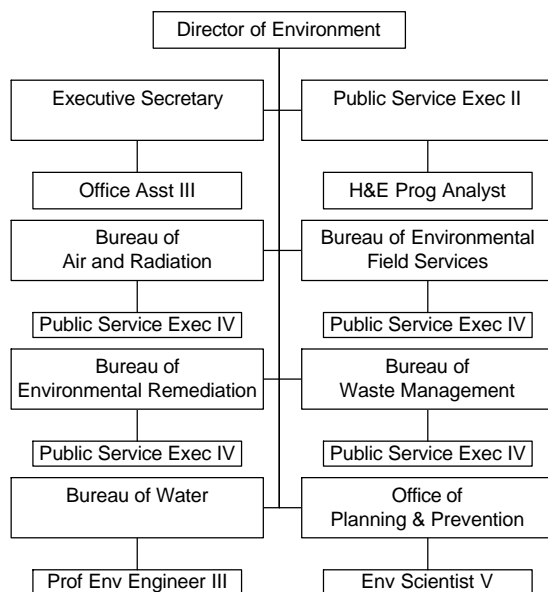
Kansas Department of Health and Environment



Division of Health



Division of Environment



Appendix B. Staffing Assumptions

A review of the current KDHE organizational structure determined which key management, administrative support, and technical skills should be duplicated to maintain an equivalent management structure in both organizations after separation. All duplicated positions are additions to (or reductions from) existing personnel. Salary amounts are averages of existing ranges for given positions.

Office of Secretary

Eliminate Secretary of KDHE	-1 FTE	-85,000
Create Secretary of Health	+1 FTE	85,000
Create Secretary of Environment	+1 FTE	85,000
New Secretary III	+1 FTE	22,500

(Options 2 & 3)

Eliminate Directors of Health & Environment	-2 FTE	-200,000
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Assistant Secretary/General Counsel

New Assistant Secretary	+1 FTE	68,000
New Secretary III	+1 FTE	22,500

Information Systems

New Public Service Executive II	+1 FTE	46,700
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Legal Services

New Attorney IV	+1 FTE	55,000
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Internal Management

New Assistant for Internal Management	+1 FTE	60,000
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Purchasing

New Procurement Officer	+1 FTE	40,400
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Customer Relations

New Public Service Executive III	+1 FTE	51,400
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Accounting

New Accountant IV	+ 1 FTE	40,400
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Fiscal Management

New Fiscal Assistant	+1 FTE	60,000
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Human Resources Management

New Public Service Executive III	+1 FTE	51,400
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Legislative Liaison

New Legislative Liaison	+1 FTE	41,000
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Administrative Appeals

New Office Specialist	+ 1 FTE	23,600
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Total Positions (to be created or readjusted) 15 FTE

Minus 1 Secretary Position (all options) -1 FTE

Total New Positions (created or readjusted) 14 FTE

Total New Salaries 667,500

Fringe Benefits (20% of Salaries) 133,500

(Alternative 1) Total Cost of New Positions 801,000

(Alternative 2) Total Cost of New Positions (No Directors) 581,000

(Alternative 3) Total Cost of Half New Positions (Option 2) 290,500