K-State gears up to promote health in Kansas communities

Public health leader outlines ideas for more effective health policies

MANHATTAN, Kan. – The former Minnesota Commissioner of Health and past president of the Association of State and Territorial Health Officials told a gathering of Kansas extension professionals recently that communities must work collectively in order to build a “more robust and effective approach to health.”

Ed Ehlinger, who also is acting chair of the U.S. Department of Health and Human Services advisory committee on infant mortality, is advising a team of K-State Research and Extension professionals aiming to implement programs in Kansas that align with the National Extension Framework for Health Equity and Well-being.

“What we are doing is encouraging and supporting the use of community development principles and processes to further health equity and well-being in the state,” said Elaine Johannes, an extension family and youth development specialist and the Kansas Health Foundation Distinguished Professor of Community Health at Kansas State University.

In a 2020 report of America’s Health Rankings, published by the United Health Foundation, Kansas ranks 26th among the 50 states on health outcomes. The report lists Kansas’ greatest challenges as being a high prevalence of household food insecurity; low prevalence of exercise; and high prevalence of obesity.

Johannes said K-State Research and Extension is among the Kansas organizations that have benefitted from extension training from the National Leadership Academy for the Public’s Health (NLAPH) to explore ways to reduce health disparities in Kansas through efforts like the expansion of community health worker networks.

Ehlinger was assigned by NLAPH to ‘coach’ the Kansas team.

“Health is all about relationships; it’s not about individuals,” he said. “You can’t be healthy all by yourself. We need others. We need community. So I talk about health not being person-centered, but community-centered. That means you are in a relationship with your family,
neighbors and community. And community is broadly defined, to include faith, employment, neighborhood and more.”

“That’s where health is and that’s where we really need to put our energy. And that’s where the power is in changing health policies.”

Ehlinger acknowledged that every community has its own needs, but sectors of the community too often work independently.

“In communities, we need to figure out how to put all of those resources together,” he said. “Transportation has health issues related to it; so does education, agriculture, economic development… If we work collectively, we can create a more robust and effective approach to health.”

A first step in promoting healthier lives, Ehlinger said, is understanding that “health is different from health care.”

“I contend that the United States spends too much on health care,” said Ehlinger, who is board certified in internal medicine and pediatrics.

He cited statistics that indicate of the 38 member countries in the Organisation for Economic Co-operation and Development (OECD) -- which are largely thought of as the most prosperous countries in the world -- the United States spends far less on public health and social services.

For every dollar spent on medical care, he said, the United States spends 55 cents on public health and social services. The other countries in the OECD, on average, spend $2 on public health and social services for every dollar spent on medical care.

“If you look at the determinants of health, only about 10% of our health is determined by medical care; it’s an important 10%, but it’s still only 10%,” Ehlinger said. “It’s those public health and social services that really make a difference.”

“The United States spends much more money on medical care than any other country in the world...by far,” Ehlinger said. “And yet our infant mortality rates, our maternal mortality rates and longevity rates are not at all close to what they are in other high income countries.”

Ehlinger said the U.S. land-grant system and its network of extension offices in every state is an ideal system to begin the local-level work.

“I’m optimistic that we’re going to see some changes, because I see young people – college students and young adults – saying what we’re doing now is not working. This is not the kind of world they want to live in,” Ehlinger said. “I’m seeing parents and grandparents saying this is not the kind of world they want their kids and grandchildren and great grandchildren to live in, so what do we need to do differently.

“I see that conversation starting to happen. And I see that the younger generation has more of a social conscience about what needs to happen. I’m planning on them taking the leadership of this and moving the agenda forward. I’m optimistic about that.”

Johannes said Kansas extension agents already are working with leaders, families and business in their communities to explore programs and policies to improve health. She said the
state’s extension professionals hope to implement pilot programs into the early part of 2022 and award implementation grants to extension offices by next spring.

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FOR PRINT PUBLICATIONS: Links used in this story

America’s Health Rankings (Kansas), www.americashealthrankings.org/explore/annual/measure/Outcomes/state/KS

National Leadership Academy for the Public’s Health, https://leadershipacademy.health/programs/nlaph

K-State Research and Extension is a short name for the Kansas State University Agricultural Experiment Station and Cooperative Extension Service, a program designed to generate and distribute useful knowledge for the well-being of Kansans. Supported by county, state, federal and private funds, the program has county extension offices, experiment fields, area extension offices and regional research centers statewide. Its headquarters is on the K-State campus in Manhattan. For more information, visit www.ksre.ksu.edu. K-State Research and Extension is an equal opportunity provider and employer.

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