The Kansas Oral History Project has just completed its ***Healthy Kansans*** collection of interviews. It contains 19 interviews pertaining to Health – with a capital H-- to distinguish Health from healthcare. The twenty-four people interviewed for this collection were involved with the development and implementation of state health policy from the 1970s to the early decades of the 2000s.

The collection can be found at: https://ksoralhistory.org/collections-healthy_kansans/ Each interview was videotaped, transcribed and then posted to the KOHP website There is a description of the interview, and a list of searchable topics. Transcripts may be downloaded without charge. Dr. Robert St. Peter, former director of the Kansas Health Institute served as interviewer.

A Recurring Theme

Kansas saw a decline in its standing in the America's Health Rankings over the last 30 years. These interviews seek to understand why Kansas fell from 8th healthiest in the Nation to 31st. Although there has been some improvement in recent years, Kansas is still in the bottom third of states. While specific measures of health in Kansas may have improved over that time, the progress Kansas made has not been as significant or as fast as in other states. The result is that our overall ranking has declined more than any other state over the last 30 years.

What Did We Learn?

1. Health is dependent on more than just good healthcare – it is impacted by nutrition, social conditions, poverty, even the zipcode where you live. The social determinants of health must be considered by policymakers if they wish to improve the Health of Kansans. Paying more attention to public health efforts could raise the state-by-state rankings.

2. It would be easy to explain away the decline in health rankings by attributing it to the failure of the legislature to expand Medicaid. That is probably one of the factors, but not the only one. "Politics" was often cited by interviewees as one of the reasons that Medicaid expansion failed.

3. Rural hospitals and healthcare in rural areas were explored. The creativity shown by Benjamin Anderson and Dr. Bob Moser in bringing services to far western Kansas hospitals is a model for other rural states. Transportation issues and workforce shortages magnify the problems of sparsely populated areas. Kansas has begun a new Rural Health Transformation Grant initiative that shows some promise.

4. Overall, Kansas is lacking in dental care options for low-income families and mental health services, especially for young children and youth. The United Methodist Health Ministry Fund has been a leader in stimulating improved access to dental care in underserved areas. Wichita has just started new programs that may help in the mental health area. Fulfilling these needs will require funding and an intense effort to increase the number of psychiatrists and other mental health professionals since Topeka no longer has Menninger as a training facility.

5. Using the county health rankings might be a good way to stimulate discussion among legislators and community leaders about improving Health.

6. The final interview of four leaders from Garden City in August is of particular note. The participants spoke candidly about how their far-western city dealt with a huge influx of immigrants with a myriad of health issues. They described how city leaders turned those circumstances into strengths that produced economic growth and stability.

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