

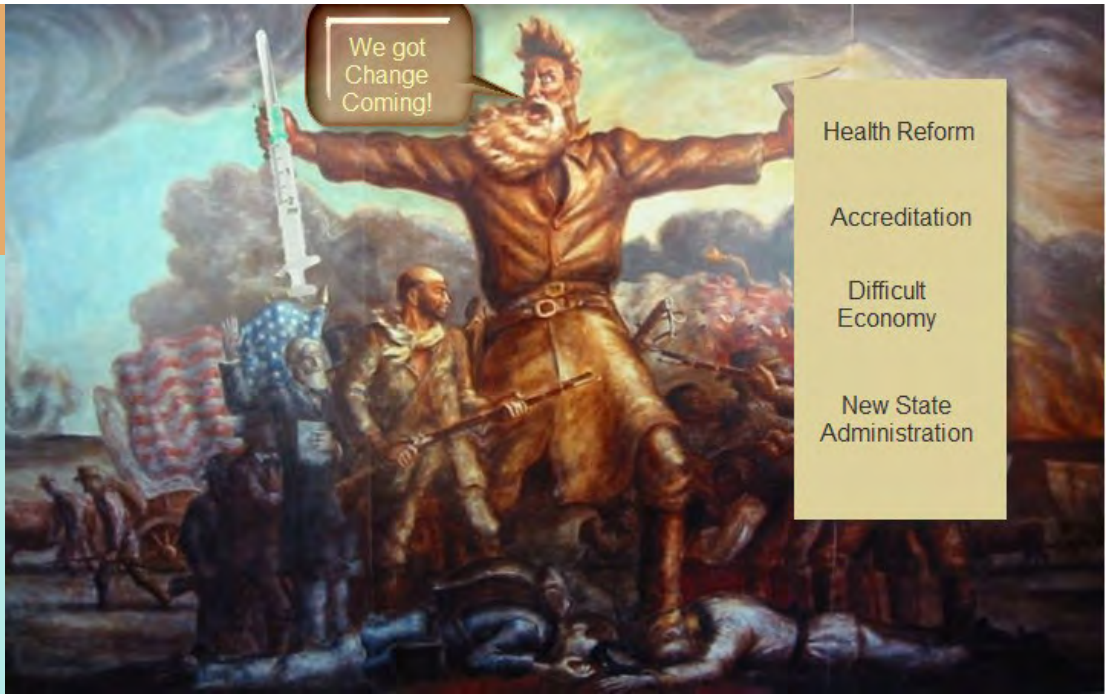
KALHD is dedicated to strengthening local health departments for the purpose of improving and protecting the health of all Kansans.



NOVEMBER 15, 2010

KALHD

KALHD 2010 Annual Report Kansas Public Health



Keeping Focus in the Twilight Zone

With health reform, accreditation, difficult economic times, and changes in state administration, it is clear that significant changes are on the horizon. With any change process, there are three phases of transition. The first phase is letting go of the old ways of doing things. The final phase is becoming engaged in the new way of doing things. The middle phase—which has sometimes been referred to as “The Twilight Zone” is that hugely important zone of transition. In 2010 and 2011, public health in Kansas is navigating multiple transitions simultaneously. We can shape our response to these turbulent times by maintaining our mission focus—**“KALHD is dedicated to strengthening local health departments for the purpose of improving and protecting the health of all Kansans”**. With that focus clearly in mind, we need to work together through these times of transition to help shape the future of public health of Kansas. Our chances of successfully navigating these turbulent transitions, will be enhanced by active involvement of local health departments from all parts of the state coming together to identify and communicate clear objectives that move us forward in improving and protecting the health of all Kansans.

Message from President Yvonne Gibbons

When I was asked if I would serve as President-Elect a couple years ago, I gave it little thought. I know that staying active in an association is really the best way to know what is happening, to be ahead of the game and better serve our own agency. BUT – I had no idea how really active this association is, how well we stay “ahead of the game” and how it has helped me look ahead at the future of public health.

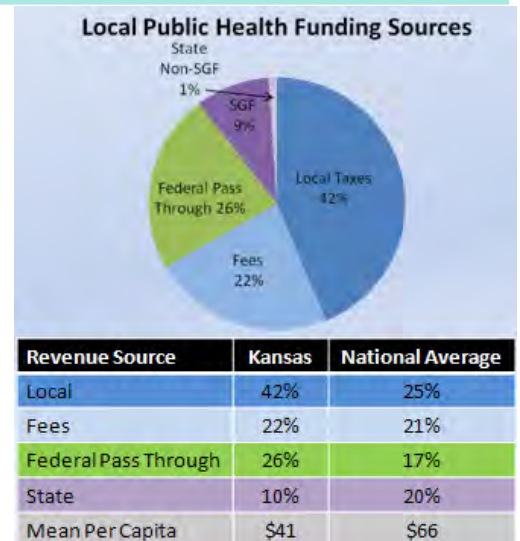
To paraphrase a line from “A Tale of Two Cities”, this could be considered the best of times and the most uncertain of times. In my estimation, looking forward to community health assessments, accreditation, health reform – albeit a challenge, can be nothing less than very positive steps for public health and local agencies, not to mention assuring better health outcomes for our citizens. On the other hand, looking at the upcoming “changes in the wind” – the state of the economy, recent state and local elections, - we need to be involved and informed, more than at any other time. We are very fortunate to have Edie and Sara “running the ship”. But they can’t do it alone. Attending the board meetings (either in person or by phone) is not limited to board members. The meetings and the KALHD website are excellent.

Remember – there is no better time than now to be heard and be involved!!!!

Public Health Financing in a Difficult Economy

Local Public Health Funding in Kansas

During this difficult economic time, the importance of understanding public health financing increases. KALHD contracted with KAC to develop a system for tracking local public health funding state-wide using a variety of data sources. While not perfect, the system gives us great insight into how local health departments are financed across the state. Approximately 64% of the resources are provided at the community level (local taxes plus fees for services). This clear demonstration of local commitment to public health is helpful in working with our partners. We have received state fiscal year 2010 numbers and added that to the data set previously compiled.



Local Public Health Financing in Kansas- KAC PH Financing Project
Data Sources: State Budget Office, KDHE, and NACCHO 2008 Profile

KALHD Legislative Issue— Maintenance of Effort for State Formula Funding

KSA 65-242 authorizes state funding for local health departments. Within this statute, there is a provision for maintenance of effort. Currently, for every dollar reduction in local funding there is an equal dollar reduction in the state funding. With local tax dollars funding 42% of local health department funding while state general fund provides 9%, there is on average over a 4 to 1 ratio of local dollars to state dollars. For example, if a local health department received a \$7,000 reduction in local tax support, that reduction could represent 20% cut in local funding. But using the current dollar per dollar maintenance of effort requirement, that \$7,000 reduction in state formula funding could represent a 100% reduction in state formula funding to that local health department. In this scenario and the proposed language, the state funding would be reduced by 20% rather than 100%.

“If local tax revenues allotted to a local health department for a fiscal year fall below the level of local tax revenues allotted to the local health department for the preceding fiscal year, the amount of state financial assistance under this act for which such local health department is eligible for the fiscal year shall be reduced by a dollar amount percentage equal to the dollar amount percentage of reduction in local tax revenue for that fiscal year.”

This proposal is supported by the KAC Policy Committee for inclusion in the KAC Legislative Agenda. President Yvonne Gibbons has worked with Senator Pete Brungardt to draft the bill for introduction in the coming legislative session. We need all members to actively support this proposal.

Strengthening Local Public Health Relationship with Academia

Two important steps were taken in 2010 to strengthen local health department’s relationship with academia. A memorandum of understanding between the Association and the KUSM Department of Preventive Medicine in Kansas City was approved by the Board at our July meeting. Example activities from this relationship include potential internship/practicum placements, identification of practice-based research opportunities, and provision of practice-based input for curriculum planning in KUDPMPH classes and programs.

KALHD has promoted the idea of establishing a formal Practice Based Research Network in Kansas. A practice-based research network (PBRN) brings multiple public health agencies together with research partners to design and implement studies of population-based strategies that prevent disease and injury and promote health. Participating practitioners and researchers collaborate to identify pressing research questions of interest to local health departments, design relevant studies, conduct research, and translate findings rapidly into practice. Examples from other states that have already established these networks were discussed at a Public Health Systems Group meeting. A draft agreement has been developed for a Kansas PBRN and is currently under review by members of the Systems Group.

Both of these arrangements will assist local health departments in meeting accreditation standards associated with Domain 10– Contribute to and apply the evidence-base of public health.

Preparation for Accreditation

Examining the Multi-Jurisdiction Application Option

The Regional Accreditation Project funded by the Kansas Health Foundation explored in detail the current PHAB standards, measures, and documentation requirements to identify which functions could be done regionally, which need to be locally, and those which could use a combination approach. The two regions that had previously completed capacity assessments with the NACCHO Regionalization Project (Northeast Corner Region and the North Central Region) participated in this review and provided their input from a ground level perspective. It remains up to each region to determine what functions their regions address. This review simply looked at the feasibility of doing various activities as a region.

	Domain	Regional	Local
A	Administration & Governance		→
1	Monitor Health Status	←	
2	Diagnose & Investigate	←	
3	Inform & Educate	←	
4	Mobilize Community Partnerships	←	
5	Develop Policies & Plans	←	
6	Enforce Laws		→
7	Link People to Services	←	
8	Assure Competent Workforce	←	
9	Evaluate Services & QI	←	
10	Contribute & Apply Evidence-Based Practices	←	

The current PHAB standards include an eligible applicant option listed as “Multi-Jurisdictional”. While the guidance material contains this option, there is little detail on how a Multi-Jurisdictional application would be implemented.

Review #1– Which functions can be done regionally and which locally

We recommended to PHAB that each of the health departments participating successfully in the Multi-Jurisdictional application process be accredited as a county health department..

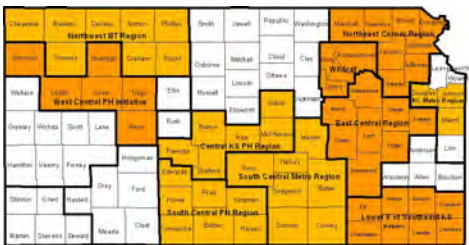
The Kansas Regionalization Project developed a proposed outline of how this option would work in conjunction with the Kansas Regional Cooperation model. A significant recommendation in the Kansas report is dealing with the final granting of accreditation. Our recommendation is that each of the health departments participating successfully in the Multi-Jurisdictional application process be accredited as a county health department. If a department was unable to document its local functions, that agency would not be accredited but it would also not block accreditation for its regional partners.

A third phase of the project looked at governance issues. A model inter-local agreement was developed by our legal consultant Martie Ross.

The findings of the Kansas Regional Accreditation Project was presented at the Public Health Law Conference in Atlanta, Georgia in September. The report recommendations were submitted to PHAB in November.

Preparing for Community Health Assessments

10 Public Health Regions Participate in the MLC-3 Learning Collaborative



The three required elements for a public health entity to apply for accreditation are 1.) a community health assessment 2.) a community health improvement plan and 3.) an agency strategic plan. These three elements are inter-related as the improvement plan and agency strategic plan build upon the findings of the community health assessment. But the importance of community health assessments goes far beyond preparation for accreditation. During these difficult economic times, attention must be focused on those issues that are most impacting the health of our communities. We strengthen local health

departments by focusing our attention and efforts on those indicators showing great need and developing partnerships and interventions to make a difference in addressing those health issues.

The Kansas Multi-State Learning collaborative engaged 64 counties in 10 regions in developing skills in accessing data, engaging community partners, and using quality improvement tools in preparation for conducting community health assessments. The learning collaborative included three learning sessions where all the teams met together to share their project stories, questions, frustrations, and successes. The learning collaborative provided an opportunity to try different tools and approaches in preparation for conducting community health assessments.

Next month, representatives from KALHD will be meeting with representatives from the Kansas Hospital Association to discuss opportunities for coordinating the community health assessment activities of local health departments with the new requirement of non-profit hospitals to conduct community health needs assessments. That first meeting is scheduled for the first week in December. We will keep the membership posted on this issue as it develops. We think it is a great opportunity for partnership.

