A guide to the public health system in Kansas for LHD administrators.
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The Version 2 (September 2017) update involved staff from WSU including Kristina Helmer, Vanessa Lohf, Jessica Fiscus and Sonja Armbruster as well as input from KDHE’s Cristi Cain.
Introduction
In this module:
- Statement of Purpose
- Guide Goals
- Objectives

Statement of Purpose
Leaders of local public health departments work in a complex system. A solid local public health systems requires strong leadership at the local level. This guide includes an orientation process and resource information that can serve as tools to help the new public health director get off to a good start.

Guide Goals
1. Promote the development of newly hired staff in leadership positions in local health departments
2. Assure a competent work force of public health staff at the local level.
3. Provide up to date public health resources for local public health leaders on topics pertinent to their work.

Objectives
By participating in an orientation process new staff in leadership positions can expect to:
1. Understand the foundations of public health in Kansas, including such concepts as the public health principles, ten essential services, local public health statutes, core competencies, and much more.
2. Explore and understand the knowledge base and skill set needed to effectively direct a public health department (political, business, leadership and management).
3. Know where to get and how to use information, support, and technical assistance in order to address job challenges.

Mentoring
Even the best and brightest are better when they have a chance to work with a mentor. Directing local health departments (or even preparing for that professional endeavor) is specialized work. It is recommended, but not required that new directors seek both formal and informal mentorship. For more information about being matched with a formal mentor, contact the KALHD’s executive director.
Self-Assessment

Every director accepting a leadership position in a local public health department faces multiple opportunities and challenges. In addition, each person will have a varied background and level of knowledge regarding a range of topics important to their new leadership role. This self-assessment tool will help identify priority areas to discuss with your mentor during the orientation process. Complete this self-assessment, identifying specific questions you have about particular topic areas. Please consider sharing the completed self-assessment with your mentor.

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### Promoting Public Health

1. Effective Communications  | Competent  | Enough to Get By  | A Little  | None  |
2. Branding  |  |  |  |  |
3. Orientation to Public Health for Newly Elected Officials  |  |  |  |  |
4. Media Relations  |  |  |  |  |
5. Social Marketing  |  |  |  |  |
6. Risk Communication  |  |  |  |  |
7. Storytelling  |  |  |  |  |

### Organizational Workforce Development

1. Core Competencies  |  |  |  |  |
2. Workforce Basics  |  |  |  |  |
3. KS TRAIN  |  |  |  |  |
4. Leadership Development  |  |  |  |  |
5. Cultural Competency  |  |  |  |  |
6. Staff Communication  |  |  |  |  |
7. Team Building  |  |  |  |  |
8. Generational Differences in the Workplace  |  |  |  |  |
9. HR and Documentation  |  |  |  |  |
Module 1: Public Health Systems

In this module:
- Public Health at Federal Level
- Public Health in Kansas
- Role of the Local Health Department
- Grant Makers in Health
- System Partners Supporting Local Health Departments
- Questions I Should Ask
- Key Resources

Kansas’s public health system functions as a partnership between state and local governments. Kansas local health departments are largely independent and charged with the responsibility to protect and promote the health of their residents.

Public Health at the Federal Level

The U.S. [Department of Health and Human Services](https://www.hhs.gov) (HHS) is the U.S. government’s principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves. HHS is responsible for almost a quarter of all federal outlays and administers more grant dollars than all other federal agencies combined. The Centers for Disease Control and Prevention (CDC) is one of the key public health agencies within HHS.

Public Health in Kansas

The vision of Kansas Department of Health and Environment (KDHE): Healthy Kansans living in safe and sustainable environments. The mission is to protect and improve the health and environment of all Kansans. KDHE is led by a Secretary who is an appointed member of the governor’s cabinet. The agency has three divisions: Public Health, Environment and Health Care Finance. Since the organization structure evolves as all organizations do, please visit [http://www.kdheks.gov/administration/index.html](http://www.kdheks.gov/administration/index.html) for the most recent organizational chart. You’ll learn more about the programs of KDHE in Module 3.

Local Authority

Each of the fifty states is charged with a responsibility to protect and promote the health of its residents, yet each state satisfies that responsibility in a different way. In *centralized* states, the state health agency staffs, funds and operates all of the local health departments in the state. In *decentralized* states, the local health departments are largely independent of the state health agency. The State of Kansas has a decentralized public health system consisting of the state health department (KDHE) and 100 local health departments serving all 105 counties in Kansas. Under Kansas law, local health departments report to the local Board of Health which, in most cases, is comprised of the local Board of County Commissions.
Role of the Local Public Health Department

LHDs protect and improve community well-being by preventing disease, illness and injury and impacting social, economic and environmental factors fundamental to excellent health. Local public health departments have many complex roles. Further, these roles change over time to meet the changing needs of the population and to be responsive to changes in the way health systems are configured. There have been many documents and tools to define the role of local public health departments.

The Kansas Association of Local Health Departments and the Public Health Systems Group in Kansas have adopted the Foundational Public Health Services model as a guiding principle for the role of local health departments working in collaboration with other systems partners.
Community Engagement

Most of the LHD roles described by NACCHO rely on community engagement as a foundation for success. "Community engagement is the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people" (Centers for Disease Control and Prevention [CDC], 1997, p 9). The goals of community engagement are to build trust, enlist new resources and allies, create better communication, and improve overall health outcomes as successful projects evolve into lasting collaborations” (CDC, 1997; Shore, 2006; Wallerstein, 2002).

Community Engagement is one of the ten essential public health services: 4. Mobilize community partnerships and action to identify and solve health problems. Members of the community possess unique perspectives on how issues are manifested in the community, what and how community assets can be mobilized, and what interventions will be effective. Community members are important partners in identifying and defining public health issues, developing solutions or improvements, advocating for policy changes, communicating important information, and implementing public health initiatives. Public health can broaden its leverage and impact by doing things with the community rather than doing things to the community; another way to think about engagement is “nothing about us without us”. Aligning and coordinating efforts towards health promotion, disease prevention, and health equity across a wide range of partners is essential to the success of health improvement. LHDs are expected to develop and maintain community partnerships and collaborations that will facilitate public health goals being accomplished, promote community resilience, and advance the improvement of the public’s health.

Methods of Community Engagement

Established methods of community engagement include but are not limited to: Healthy Cities/Communities methods; Asset Based Community Development; and deliberative processes, for example, regular town forums, community advisory groups, and participatory decision processes. Tools include the National Public Health Performance Standards Program (NPHPSP), asset mapping, community indicator projects, and Mobilizing for Action through Planning and Partnership (MAPP). Other community organizing models and methods are also acceptable.

Grant Makers in Health

LHDs are funded through federal, state, and local governments as well as fees for services. Additionally, many state and local initiatives are funded through health philanthropies in Kansas. In addition to direct funds to agencies, these philanthropies support and influence efforts to support public health in Kansas.

Kansas Health Foundation

At the Kansas Health Foundation (KHF), the work supports their mission: To improve the health of all Kansans. KHF uses the World Health Organization (WHO) definition of health: that health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity. KHF’s program areas include: Health Equity and Civic Health.

Sunflower Foundation

Since 2002, the Sunflower Foundation’s mission is focused on three primary approaches: 1) Healthy Living and Active Communities, 2) Health Care, and 3) Advocacy and Policy.
REACH Healthcare Foundation
The REACH Healthcare Foundation is a nonprofit charitable organization dedicated to improving access and quality of health care for poor and medically underserved individuals through financial support of programs and initiatives. Their work is focused on three counties in Kansas: Allen, Johnson and Wyandotte.

United Methodist Health Ministry Fund
The United Methodist Health Ministry Fund (UMHMF) was established in 1986 by the Kansas West Conference of the United Methodist Church to advance health, healing, and wholeness throughout Kansas. The Health Fund’s priority funding areas include: Access to Health Care, Obesity Prevention, and Foundation for Success.

Wyandotte Health Foundation
The Wyandotte Health Foundation is the only foundation of its type that is totally dedicated to improving the health of Wyandotte County residents. The mission of the Wyandotte Health Foundation is to promote and improve the health of Wyandotte County residents, particularly persons who are poor, through grants and collaborative efforts. They strive to achieve their mission by focusing their grant-making in two major priority areas: Primary Health Care and Prevention and Intervention and Education.

Health Care Foundation of Greater Kansas City
Health Care Foundation (HCF) is dedicated to their mission of providing leadership, advocacy, and resources to eliminate barriers and promote quality health for uninsured and underserved in their service area. The HCF’s priority funding areas include: Healthy Communities, Mental Health and Safety Net Health Care.

System Partners Supporting Local Health Departments
In addition to the guidance and support LHDs received from governmental public health (HHS, KDHE), there are additional entities that play key roles within the system.

Collaborative Partnerships
The Kansas Association for Local Health Departments, Kansas Department of Health and Environment, KU Medical Center’s Department of Preventive Medicine and Public Health and Area Health Education Centers collaborate to make available the Kansas Public Health Grand Rounds series.

Kansas Health Institute
The Kansas Health Institute (KHI) is an independent, nonprofit health policy and research organization that informs policymakers about important issues affecting the health of Kansans. The Kansas Health Institute was established in 1995 with a multiyear grant from the Kansas Health Foundation. The foundation made the commitment based on its conclusion that health policy decisions often were based on fragmented, anecdotal and sometimes biased information.
KHI carries out its mission of helping policymakers understand the linkages between these factors and the health of Kansans by conducting research and providing policy analysis. They convene conversations, provide technical assistance and sponsor educational forums. Notice the reference to KHI in Module 7 related to County Health Rankings.

**Kansas Leadership Center**

The Kansas Leadership Center (KLC) was established by the Kansas Health Foundation in 2007 as a way to add significant value to the leadership development efforts undertaken by the Foundation since its early days. To turbo-charge its existing leadership development efforts - and to reach more people, the Kansas Health Foundation created the KLC.

KLC equips people with skills to make positive change for the common good. They believe leadership is an activity, not a particular role or position. Their curriculum is grounded in this belief and their approach to training is reflective of it.

**Colleges and Universities**

Across the state, local health departments partner with universities and community colleges who train the majority of their workforce. Often these partnerships include providing internship opportunities for students at the local health department. Further, universities can provide technical assistance and evaluation support to LHDs.

**WSU Community Engagement Institute**

The Community Engagement Institute at Wichita State University has served Kansas for over 30 years. They recognize how individuals, organizations and communities are connected and contribute to health and well-being. Their interdisciplinary staff works closely with nonprofit organizations, state and local government, community coalitions, support groups, faith-based organizations and individuals.

The Institute provides technical and practical capacity building, training, coaching, evaluation, project management, and related supports. Students also work alongside staff at the Institute, providing applied learning opportunities for the students.

The Community Engagement Institute has six centers including the Center for Public Health Initiatives, which works to improve the public health system in Kansas. Center staff empower people through training, support and coaching; develop organizations through strategic planning, agency performance improvement and capacity building; and strengthen systems by facilitating statewide collaborative initiatives, providing peer learning opportunities and creating opportunities for change.

**KU Area Health Education Centers**

The University of Kansas Medical Center Area Health Education Centers (AHECs) were founded in 1978, through the combined efforts of the Governor, the State Legislature and the KU Medical Center, as the primary educational outreach effort of KU Medical Center and the principal means of decentralizing medical and other health professions education throughout the state. Three regional offices - in Hays, Kansas City and Pittsburg - offer programs, continuing education and services to medicine, nursing and allied health students as well as to rural providers in their part of the state.
AHEC enhances the quality and accessibility of health care services in Kansas through partnerships with communities, health care professionals and organizations, educational institutions and other interested individuals and agencies. Their services include: promotion of careers in the health care field; continuing education programming for physician, nurses and allied health professionals; community education and health screenings; facilitating health research in the same communities confronting those issues; and development and implementation of clinical opportunities for students in the health professions programs.

**KU Center for Community Health and Development**

The Center for Community Health and Development (formerly the KU Work Group) has developed widely used capabilities for community-based participatory research and for building capacity for community work, including through the Community Tool Box and the Community Check Box. Recognition of these capabilities led to official designation in 2004 as a World Health Organization Collaborating Centre for Community Health and Development.

**Questions I should ask**

What organizations do we currently work with?
Who are our current funders and what grants do we have?
Where can I look for grants that fit into our current or needed programs?
What’s the latest work with the Foundational Public Health Services Model?
Who are the academic partners that my agency has contracted with, supported or worked with?

**Key Resources**

- CDC Principles of Community Engagement  
  http://www.atsdr.cdc.gov/communityengagement/
- Health and Human Services http://www.hhs.gov/about/
- Health and Human Service Organizational Chart  
  http://www.hhs.gov/about/orgchart/index.html
- Health Care Foundation of Greater Kansas City http://hcfgkc.org/
- KDHE Organizational Chart http://www.kdheks.gov/administration/index.html
- KDHE Strategic Map: 2011-2014  
- Kansas Health Foundation http://kansashealth.org/
- Kansas Health Institute http://www.khi.org/
- Kansas Leadership Center http://kansasleadershipcenter.org/
- Kansas Public Health Grand Rounds  
  http://www.kumc.edu/school-of-medicine/mph/grand-rounds.html
- KU Center for Community Health and Development  
  https://communityhealth.ku.edu/about/overview
- CDC -United States Public Health 101  
  https://www.cdc.gov/stltpublichealth/docs/usph101.pdf
- Public Health Accreditation Board (PHAB)  
PHAB 1.5
REACH Healthcare Foundation http://reachhealth.org/
Sunflower Foundation http://www.sunflowerfoundation.org/
United Methodist Health Ministry Fund http://www.healthfund.org/
University of Kansas Medical Center Area Health Education Centers
http://www.kumc.edu/community-engagement/ku-ahec.html
WSU Community Engagement Institute
http://communityengagementinstitute.org/
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Module 2: Public Health Basics
In this module:

- Influential People in Public Health
- Three Core Functions of Public Health
- Ten Essential Public Health Services
- Core Competencies
- Social Determinants of Health
- Resources for Public Health Ethics
- Resources for Health Reform at the State and Federal Level
- Questions I Should Ask
- Key Resources

Public health connects us all. Public health is the science of protecting and improving the health of families and communities through promotion of healthy lifestyles, research for disease and injury prevention and detection and control of infectious diseases.

Public health is credited with adding 25 years to the life expectancy of people in the United States in this century. Yet, ask the average person what public health is and their reply might be limited to: “healthcare for low-income families.” The CDC’s Ten Great U.S. Public Health Achievements of the 20th Century was created to remind us of how far we’ve come, how we got here, and exactly what public health is: the active protection of our nation’s health and safety, credible information to enhance health decisions, and partnerships with local communities and organizations to promote good health.

The Top 10 Great U.S. Public Health Achievements of the 20th Century

1. Immunizations
2. Motor-Vehicle Safety
3. Workplace Safety
4. Control of Infectious Disease
5. Declines in Deaths from Heart Disease and Stroke
6. Safer and Healthier Foods
7. Healthier Mothers and Babies
8. Family Planning
9. Fluoridation of Drinking Water
10. Tobacco as a Health Hazard

Influential People in Public Health

Historical Figures

Dr. Samuel J. Crumbine of Dodge City was one of the nation’s leaders in the field of public health. He became secretary of the Kansas State Board of Health in 1904 and served for approximately 20 years. Samuel Crumbine’s public health campaigns were directed at practices and conditions that led to the spread of communicable diseases. His campaign against houseflies urged screening windows and doors and used the slogan, “Swat the Fly.”

Other targets of his campaigns were the common drinking cup or dipper and the exposed roller towel, often used on railroad trains and in other public areas. His success in this area was illustrated
by the adoption of disposable paper cups and towels. Crumbine also warned against misleading labels on food and drugs.

One of Crumbine’s best known campaigns was associated with the slogan "Don’t Spit on the Sidewalk." He was concerned that the habit spread disease. He was so convincing that brick manufacturers produced bricks with this slogan imprinted on them. These bricks can occasionally be found in the few brick sidewalks still remaining in the state. These activities brought Crumbine an international reputation in the field of public health.

**John Snow** was an English physician and a leader in the adoption of anesthesia and medical hygiene. He is considered one of the fathers of modern epidemiology, in part because of his work in tracing the source of a cholera outbreak in Soho, London, in 1854. His findings inspired fundamental changes in the water and waste systems of London, which led to similar changes in other cities, and a significant improvement in general public health around the world.

**Three Core Functions of Public Health**

According to the 1988 Institute of Medicine study, *The Future of Public Health*, the three core functions described below are primarily carried out by government and constitute the foundation of an effective public health system.

**Assessment - Knowing what needs to be done.**
This involves the assessment, monitoring, and surveillance of local health problems and needs, and of resources for dealing with them. Activities include epidemiological surveillance, data collection and analysis, monitoring and forecasting, root cause analysis, and other assessment practices. This function is used to facilitate decision making by collecting the best evidence and data to make sound evidence based decisions. **Essential service** 1 falls within this core function.

**Policy Development - Being part of the solution.**
This involves policy development and leadership that fosters local involvement and a sense of ownership that emphasizes local needs and that advocates equitable distribution of public resources and complementary private activities commensurate with community needs. Activities include being involved in the crafting of legislation, rules, policies, practices, and budgets. In its policy development capacity, a public health entity may plan for and set priorities, provide leadership and advocacy, convene and negotiate with stakeholders, mobilize resources, provide training, or encourage private action. Essential services 3, 4, and 5 fall within this core function.

**Assurance - Making sure it happens.**
This involves assurance that high-quality services, including personal health services, needed for protection of public health in the community are available and accessible to all persons; that the community receives proper consideration in the allocation of federal, state and local resources for public health; and that the community is informed about how to obtain public health, including personal health services, or how to comply with public health requirements. Activities include
mandating policies, providing services directly, or incenting other sectors to take action. This often requires implementation of legislative language, regulation, reporting on progress, and holding stakeholders accountable. Essential services 6, 7, 8, and 9 fall within this core function.

Ten Essential Public Health Services

The **10 Essential Public Health Services** provide a foundation for any public health activity and serve as the structure for national voluntary **public health accreditation**. The 10 Essential Public Health Services describe the public health activities that all communities should undertake. Visit the CDC’s website or KDHE’s website linked above to read more about the 10 Essential Public Health Services. These questions in each essential service may be helpful for your learning:

1. **Monitor Health to Identify and Solve Community Health Problems**
   - Do we know how healthy we are in this county? How do we know?

2. **Diagnose and Investigate Health Problems and Hazards in the Community**
   - Are we ready to respond to health problems or threats? How quickly do we find out about our problems? How effective is our response?

3. **Inform, Educate and Empower people about health issues**
   - How well do we keep all segments of our county informed about health issues?

4. **Mobilize Community Partnerships to Identify and Solve Health Problems**
   - How well do we truly engage the residents of our county to address health issues?

5. **Develop Policies and Plans that support individual and community health efforts**
   - What policies in both the government and private sector promote health in our county? How well are we involved in setting health policies?

6. **Enforce Laws and Regulations that Protect Health and Ensure Safety**
   - When we enforce health regulations are we technically competent, fair, and effective? Who else in our county is enforcing public health laws?

7. **Link People to Needed Personal Health Services and Assure the Provision of Health Care When Otherwise Unavailable**
   - Are people in my county receiving the health services they need? How do we know?

8. **Assure a Competent Public and Personal Healthcare Workforce**
   - Do we have a **competent public health staff**? How can we be sure that our staff stays current?

9. **Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services**
   - Are we meeting the needs of the population we serve? Are we doing things right? Are we doing the right things?

10. **Research for New Insights and Innovative Solutions to Health Problems**
    - Are we discovering and using new ways to get the job done?

Core Competencies

The **Core Competencies for Public Health Professionals** are individual skills desirable for the delivery of 10 Essential Public Health Services. These competencies support workforce development within public health and can help public health organizations prepare for accreditation, meet training needs, and improve performance. Competencies can be integrated into public health practice to enhance workforce development planning, workforce training, and performance evaluation, among other activities.

These competencies are organized into eight domains, reflecting skill areas within public health, and three tiers, representing career stages for public health professionals.
The eight domains are:

- Analytical/Assessment Skills
- Policy Development/Program Planning Skills
- Communication Skills
- Cultural Competency Skills
- Community Dimensions of Practice Skills
- Public Health Sciences Skills
- Financial Planning and Management Skills
- Leadership & Systems Thinking Skills

The three tiers are:

**Tier 1 - Front Line Staff/Entry Level.** Tier 1 competencies apply to public health professionals who carry out the day-to-day tasks of public health organizations and are not in management positions. Responsibilities of these professionals may include data collection and analysis, fieldwork, program planning, outreach, communications, customer service, and program support.

**Tier 2 - Program Management/Supervisory Level.** Tier 2 competencies apply to public health professionals in program management or supervisory roles. Responsibilities of these professionals may include developing, implementing, and evaluating programs; supervising staff; establishing and maintaining community partnerships; managing timelines and work plans; making policy recommendations; and providing technical expertise.

**Tier 3 - Senior Management/Executive Level.** Tier 3 competencies apply to public health professionals at a senior management level and to leaders of public health organizations. These professionals typically have staff who report to them and may be responsible for overseeing major programs or operations of the organization, setting a strategy and vision for the organization, creating a culture of quality within the organization, and working with the community to improve health.

Take the Competency Assessment to determine training areas that would be appropriate for your individual training plan. You can access this on the KS-TRAIN website - the link is located across the top on the home page. You will find steps to:

- Find the competency assessment that most relates to you (Tier 1, 2, or 3)
- Download the assessment to your computer
- Upload it to your KS-TRAIN account
- It will then be available in your KS-TRAIN Learning account

**Social Determinants of Health**

The social determinants of health are the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. The CDC has a number of resources available for better understanding this important public health concept, and three additional resources are included here:

*Unnatural Causes - Inequality making us sick?* *Unnatural Causes* is the acclaimed documentary series broadcast by PBS and now used by thousands of organizations around the country to tackle the root causes of our alarming socio-economic and racial inequities in health.

*NACCHO’s Health Equity and Social Justice Toolkit* is intended to help local health departments explore and tackle the root causes of inequities in the distribution of disease, illness, and death. It covers subjects ranging from social justice theory to public health practice, and includes journal articles, video clips, reports, PowerPoint presentations, book references, action guides, Web sites, and more.
Healthy People 2020 Social Determinates of Health

The Social Determinants of Health topic area within Healthy People 2020 is designed to identify ways to create social and physical environments that promote good health for all. Making these advances involves working together to:

- Explore how programs, practices, and policies in these areas affect the health of individuals, families, and communities.
- Establish common goals, complementary roles, and ongoing constructive relationships between the health sector and these areas.

Maximize opportunities for collaboration among Federal-, state-, and local-level partners related to social determinants of health.

Resources for Public Health Ethics

The mandate to assure and protect the health of the public is an inherently moral one. It carries with it an obligation to care for the well-being of others and it implies the possession of an element of power in order to carry out the mandate. The need to exercise power to ensure health and at the same time to avoid the potential abuses of power are at the crux of public health ethics. Here are three resources for better understanding the code of ethics for public health professionals:

- An Ethics Framework for Public Health
- Practical Public Health Ethics for Local Health Officials
- Principals of the Ethical Practices of Public Health

Resources for Health Reform at the State and Federal Level

Health reform is a constantly changing target and the initiatives funded at both the state and federal levels have local impacts. Talk to your mentor about the best current resources for understanding how health reform is impacting local health departments.

- Healthcare Reform at the Federal Level
- Healthcare Reform in Kansas

Questions I should ask

How is my agency currently addressing the ten essential services (See section above)?
What is our department doing to utilize Healthy People 2020 or other national directives?
Have my staff been trained in public health ethics?
What is our policy or procedure for making ethical decisions?
How do other LHD leaders keep current about health reform?

Key Resources

- Centers for Disease Control [http://www.cdc.gov/about/history/tengpha.htm](http://www.cdc.gov/about/history/tengpha.htm)
- Video- [http://vimeo.com/40604902](http://vimeo.com/40604902)
- CDC Foundation [http://www.cdcfoundation.org/content/what-public-health](http://www.cdcfoundation.org/content/what-public-health)
Healthy People 2020 Social Determinants of Health
http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health
KDHE Essential Services http://www.kdheks.gov/olrh/ImprovePublicHealthInKansas.htm
Kansas Public Health Association http://www.kpha.us/page-1049664
NACCHO http://naccho.org/programs/public-health-infrastructure/health-equity
Public Health Foundation
http://www.phf.org/resourcetools/Pages/Core_Public_Health_Competencies.aspx
http://www.phf.org/programs/corecompetencies/Pages/Core_Public_Health_Competencies_Tools.aspx
Unnatural Causes http://www.unnaturalcauses.org/
Module 3: Public Health Programs

In this module:
- Public Health Programs at the State Level
- Public Health Programs at the Local Level
- Evaluation
- Questions I Should Ask
- Key Resources

Health departments provide a broad array of services to their communities which may include, but are not limited to disease surveillance and investigation, immunizations, emergency preparedness, infant and maternal health programs, health promotion and prevention programs, administration of the Women, Infants, and Children (WIC) nutrition assistance program, home health services, child care facility inspection, and so on. Reports about the services provided by LHDs in Kansas are available at these links:
- Public Health Service Delivery in Kansas
- What does Public Health Look Like in Kansas?

Public Health Programs at the State Level

The Division of Public Health at the Kansas Department of Health and Environment is organized into eight Bureaus:
1. Community Health Systems
2. Disease Control and Prevention
3. Health Facilities Program
4. Epidemiology and Public Health Informatics (BEPHI)
5. Health Promotion
6. Family Health
7. Oral Health
8. The Center for Performance Management

Bureau of Community Health Systems

The Bureau of Community Health Systems assists all Kansas communities by providing public health, primary care and prevention services for all Kansans. This bureau includes:
- Health Facilities Program
- The Local Public Health Program
- Preparedness
- Primary Care Office
- Kansas Office of Rural Health
- Special Population Health
- Kansas Trauma Program

Bureau of Disease Control and Prevention

The Bureau of Disease Control and Prevention is working to improve the quality and longevity of life for the citizens of Kansas by reducing the incidence of death and disability from infectious diseases.

This bureau includes:
Public Health Programs

• Kansas Immunization Program
• Seasonal Influenza
• STI/HIV Section
• The Kansas Tuberculosis Control Program

Bureau of Epidemiology and Public Health Informatics (BEPHI)
The Bureau of Epidemiology and Public Health Informatics (BEPHI) is responsible for collecting,
analyzing, and interpreting data that provide information on a variety of conditions of public health
importance and on the health status of the population. This bureau includes:

• Public Health Informatics
• Infectious Disease Epidemiology and Response
• Infectious Disease Surveillance
• Kansas Office of Vital Statistics

Bureau of Health Promotion
The Bureau of Health Promotion works through partnerships with the people of Kansas, promote
healthy behaviors, policies and environmental changes to improve the quality of life and prevent
chronic disease, injury and premature death. This bureau includes:

• Behavioral Risk Factor Surveillance System (BRFSS)
• Cancer Information
• Diabetes Prevention and Control Program
• Early Detection Works
• Health Risk Studies (HRS) Program
• Heart Disease and Stroke Prevention
• Injury Prevention and Disability Program
• Kansas Arthritis Program
• Kansas Tobacco Use Prevention Program
• Oral Health
• Physical Activity and Nutrition
• Safe Kids in Kansas

Bureau of Family Health
The Bureau of Family Health is working to provide leadership to enhance the health of Kansas women
and children through partnerships with families and communities. This bureau includes:

• Children & Families Section
• Kansas Special Health Care Needs (SHCN) Program
• Women, Infants and Children (WIC)
• Child Care Licensing
• Children’s Development Services
• Special Health Care Needs
• Newborn Screening Program

Public Health Programs at the Local Level
The five most common programs offered by ALL local health departments (from the LHD survey)
include:

1. Communicable Disease Control Programs
**Infectious Disease Epidemiology and Response** conducts infectious disease surveillance and outbreak investigations, and provides subject matter expertise to local health departments, physicians, veterinarians, and the general public.

**Disease Reporting Requirements:**
- Health care providers and laboratories are required to notify KDHE regarding patients with suspected or confirmed reportable diseases. The list of reportable diseases is defined by Kansas statute \((\text{K.S.A. 65-118, 65-128 and 65-6001 through 65-6007; and by K.A.R. 28-1-2 and 28-1-18})\).
- **Kansas Reportable Disease Form** - Phone, fax, and mailing information are provided on this form.
- **Kansas Notifiable Disease List**
- **EpiTrax** is a comprehensive surveillance and outbreak management application designed for public health. It allows local, state and federal agencies to identify, investigate and mitigate communicable diseases, environmental hazards and bioterrorism events. Per KAR 28-1-2, certain infectious diseases must be reported to KHDE.
- **Regulations related to Infectious Disease**

2. **Health Screenings**

3. **Immunizations**

   The **Kansas Immunization Program** is committed to keeping Kansans free of vaccine preventable diseases. The **Kansas Immunization Registry** is the statewide immunization registry. It is a web-based centralized birth to death database that maintains complete, accurate, and secure immunization records for all Kansas residents. The purpose is to consolidate immunization information among health care professionals, assure adequate immunization levels, and avoid unnecessary immunizations.

4. **Laboratory Services**

   To provide timely and accurate analytical information for public health benefit in Kansas and to assure the quality of statewide laboratory services through certification and improvement programs.

5. **Women, Infants, and Children (WIC)**

   WIC is a public health program designed to influence lifetime nutrition and healthy behaviors among WIC clients. WIC’s goal is to help keep pregnant and breastfeeding women, new moms, and kids under age 5 healthy.

**Other Programs**

- **Preparedness** provides leadership to protect the health of Kansans through efforts to mitigate, prepare for, respond to, and recover from disasters, infectious disease, terrorism, and mass casualty emergencies.
- **Maternal Child Health** (pre and post-natal services)
- **Health Education** - promote healthy behaviors, policies and environmental changes that improve the quality of life and prevent chronic disease, injury and premature death.
- **Car Seat** Safety
- **Childcare Licensing**
Public Health Programs

- Dental Services
- Environmental Health
- Diabetic Foot Care
- School Health
- Women’s Health Care and Family Planning Services

Evaluation

Program evaluation is an essential organizational practice in public health. When programs conduct strong, practical evaluations on a routine basis, the findings are better positioned to inform their management and improve program effectiveness. Look to program officers at KDHE as well as researchers at the major universities for assistance with evaluation efforts.

Questions I should ask

What programs does our LHD currently offer? Why?
How is our local work connected to or directed by KDHE funded programs?
Do the programs we provide meet a community identified need?
Are they tied to the agency strategic plan?
What could we be offering?
Are there programs we’ve begun or stopped doing in the last two years? If so, what and why?

Key Resources

- Car Seats http://www.kansasboosterseat.org/index.htm
- CDC Program Evaluation http://www.cdc.gov/eval/
- Childcare Licensing http://www.kdheks.gov/bcclr/index.html
- Environmental http://www.kdheks.gov/environment/index.html
- EpiTrax http://www.kdheks.gov/epi/disease_investigation.htm
- Immunizations http://www.kdheks.gov/immunize/index.html
- Infectious Disease Epidemiology and Response http://www.kdheks.gov/epi/index.html
- Kansas Reportable Disease Form http://www.kdheks.gov/epi/download/KANSAS_NOTIFIABLE_DISEASE_FORM.pdf
- Laboratory Services http://www.kdheks.gov/labs/
- Preparedness http://www.kdheks.gov/cphp/index.htm
- Regulations related to Infectious Disease http://www.kdheks.gov/epi/regulations.htm
- School Services http://www.kdheks.gov/c-f/school.html
- WIC http://www.kansaswic.org/
- WSU Community Engagement Institute http://communityengagementinstitute.org/
Module 4: Financial Management

In this module:

- Fiscal Management in Local Government
- Budgets and Expenditure Reporting
- Working with Grants
- Business Process
- Billing
- Public Health Uniform National Data System (PHUND$)
- Questions I Should Ask
- Key Resources

Public health provides services not fulfilled by private markets. While fulfilling a mission to assure the health of the public, LHDs are expected to be good stewards of public investments. Most LHDs in Kansas are funded through a complex combination of local tax dollars, state general fund dollars, federal grants that pass through the state to local health departments, federal grants that LHDs have applied for on their own, private foundation grants, and user fees. The system for funding LHDs in Kansas has evolved over time. Managing and understanding the budget and budget process is a critical role for the local health department director.

Fiscal Management in Local Government

County governments rely on property taxes to support their functions and services. Some counties in Kansas have a portion of their property taxes marked specifically for funding Public Health. Other counties have funding support from the county’s General Fund, which can receive money from a number of different sources. It is important that departments understand the source of their specific funding in order to understand the effects and impact of local political issues.

There are many avenues of funding for health departments and they vary from one county to the next. Some counties get a significant portion of their funding by billing for services (through private and public insurance programs) while others bill for little to no services. Grants also play a big part for health departments and how your counties handles those funds also varies. Health Department directors should spend time with the County Treasurer, finance officer or others who can help dissect their current funding base.

Budgets and Expenditure Reporting

A budget is your jurisdiction’s plan for how it will spend money. In local government, budgets are legally binding. Much like funding sources, the manner in which a county creates and utilizes budgets will vary. The budget cycle gives health departments an opportunity to educate policy makers on the role and impact public health has on the community. Many times if a department wants to accomplish something, they need to tell the story through the budget.

When planning for the future, it is important to understand how your county operates in terms of capital projects. If there is something that will take significant funds, those costs can be budgeted into cash reserves for the department. Some counties do not allow departments to have a cash reserve. Work with administration to determine options.
Working with Grants
Local Health Departments frequently seek grants to support their work. These grants frequently come from KDHE, the major health philanthropies in Kansas, the CDC, or others. Each of these grants will require both project reports and financial updates outlined in the application and grant contract. Pay close attention to these deadlines and requirements as they vary from contract to contract.

Business Process
Health Departments are a hybrid system between government and business. While LHDs are clearly government entities, they have opportunities similar to medical practices. Departments will have contracts set up with insurance providers to allow in-network billing. Your agency will have opportunities to recoup expenses from clients and insurance providers and also can be part of the Kansas Health Information Network (KHIN), sharing information to community partners to aid in providing effective care.

Contracts and Credentialing
Contracting is the process of setting up agreements with an insurance company to become in-network with them. These contracts will also establish reimbursement rates, services covered, the time frame payments will be received, and other information. Departments will need a separate contract for every insurance company that will be billed. While contracts with Insurance Providers are important to maximizing reimbursements, health departments can still bill insurance as an out-of-network provider though reimbursements are minimal and not guaranteed.

Credentialing is the process for insurance companies to validate a health clinic for liability purposes. Each insurance companies will have its own requirements. Local health departments must go through the credentialing process with each private insurance company before that company will contract with a department.

Billing
There are a number ways to define the medical billing process, however there are nine generally accepted steps. Each step plays a vital role in discovering and recouping maximum reimbursements for a department. These steps should be documented and measured to ensure staff are being efficient with their practices. These steps include:

1. **Insurance verification** - Departments should be verifying insurance prior to appointments or consultation. Most insurance can be checked in a matter of seconds on various websites.
2. **Patient demographic entry** - Developing a quick method for capturing and verifying correct demographic information is important as insurance claims can and will be rejected for minor errors such as an incorrect birthday.
3. **Patient encounter information** (includes medical coding) - Ensuring staff are using the correct medical codes is a difficult task. Procedure and diagnosis codes change regularly, as do what codes are allowed to be billed for.
4. **Charge entry** - Fee structures should be reviewed regularly to ensure adequate charges for services. Departments should develop a system to quickly apply charges to encounters to assist in collecting any payments up front that are needed.
5. **Claim submission** - Staff should review all claims prior to submitting them to insurance companies for reimbursement. Claims can be submitted in a variety of ways. Departments should utilize systems that require little to no double entry of information.
6. **Payment entry** - Collecting cash, checks, and debit/credit card payments all carry a level of responsibility that will dictate its own processes. Departments must ensure an accurate accounting system to track received payments.

7. **Denial management** - Insurance claims can be denied for a multitude of reasons. It is important to track and follow-up on denied claims. In some cases staff make mistakes, in other the mistake rests with the insurance company. If the mistake is on the side of the staff, there should be a follow-up process to ensure costly mistakes do not continue to occur.

8. ** Accounts Receivable follow-up** - Following up with clients on account balances is vital to ensure payments are received. Not only do clients need to quickly learn how much they owe, but also for what. Client bills and statements should be easy to understand and sent out as soon as possible. Departments should have a policy of dealing with aging receivables.

9. **Reporting** - Most billing system can generate reports to monitor and measure reimbursements and efficiency of staff. Successful departments will make an expectation to receive regular updates on various financial metrics.

**Public Health Uniform National Data System**

Communicating how public health is funded to policymakers and the public can be challenging especially since all county budgets are slightly different. The Kansas Association of Counties has attempted on various occasions to passively collect data and compare funding across Kansas but interpreting the data is difficult. The Public Health Uniform National Data System (PHUNDS) is a national system that relies upon individual health departments to voluntarily upload their financial data into predefined categories. The result is the ability to compare funding and financial performance against peer departments.

**Questions I should ask**

What are the sources and structure of my department’s revenue streams?
What is the budget cycle?
Who are the important stakeholders?
How are budget expenditures tracked and reported?
What is our written billing policy?
What insurance companies do we have contracts with?

**Key Resources**

- NACCHO Public Health Uniform National Data System [www.phunds.naccho.org](http://www.phunds.naccho.org)
- Public Health Finance provides content to advance the application of finance and management concepts to the practice of public health. Although the field of public health is highly diverse, it can be roughly characterized as a blend of public and private activities dedicated to improving the nation’s health. To accomplish the ever expanding number of mission-related tasks in an era of fiscal scarcity, public health managers must not only seek new revenue sources but also utilize the limited amount of financial resources available as
efficiently as possible. These tasks require financial literacy within the public health workforce.

A set of six Public Health Finance Tutorials that cover finance knowledge and skills vital to public health managers. These tutorials are self-contained and can be used either as the basis for professional development programs or to supplement academic healthcare finance courses.

1. Financing Public Health Services
2. Estimating Costs and Margins
3. Financial Planning and Budgeting
4. Financial Evaluation of New Program Initiatives
5. Financial Reporting
6. Assessing Financial Performance
Module 5: Local Health Department Governance and Policy

In this module:

- Local Health Department Governance and Policy
- Role of the Health Officer
- Legislative Process/Policy at the State Level
- Statutes and Ordinances Related to Public Health
- Public Records and Meetings
- Questions I Should Ask
- Key Resources

Governmental responsibilities for public health extend beyond voluntary activities and services to include additional authorities such as quarantine, mandatory immunizations laws, and regulatory authorities. The governing entity is the point of accountability for the health department. The governing entity is accountable for the health department achieving its mission, goals, and objectives to protect and preserve the health of the population within its jurisdiction. This module addresses the health department’s role in relationship to the governing entity and the overall legal authority, obligations, and responsibilities, on the governing entity’s supporting role.

Local Health Department Governance and Policy

One excellent resource for better understanding the statutes that govern local public health in Kansas is “10 Things Public Health Professionals Should Know About Kansas Public Health Statutes”

Kansas State Statutes outline the responsibilities of the commissioners in K.S.A. 65-201.

Strategies for Educating County Commissioners

Engaging local elected officials in public health is an ongoing process that involves making connections among various issues within local government. In Kansas, the county commissioners act as county boards of health for their respective counties. Helping local government officials understand public health and Kansas’ system will continue to foster collaboration and support for public health issues.

Key Messages for Commissioners

- Basic information about the work of the local public health department
- Clarification of roles in specific situations (i.e. preparedness events) among county public health, community health boards, boards of health and other local government officials
- Clear and concise messages about the value of public health
- Information on public health governance responsibilities and the need for a solid infrastructure
- Information on how public health works with other local government agencies
- Information that reinforces and builds on the public health governance
- Information about key public health events/issues
- Increase information on the public health role in disease prevention and health promotion
- Budget/funding sources for public health
Possible Communication Methods

- Face to face meetings so they get to know staff and build relationships with and credibility
- Invite commissioners to visit the local public health department
- Ensure new commissioners have a copy of your agency’s community health assessment, community health improvement plan annual report and/or strategic plan
- Annual budget presentations are an opportunity to highlight the work of various programs
- Develop a list of “Frequently Asked Questions” from citizens and commissioners
- Develop a timeline or calendar of important public health events
- Present agency annual reports to the commissioners
- Encourage frequent inclusion of public health issues on county board agendas
- Involve commissioners in public health program or issues discussions and decisions (work with the county board to solve problems)
- Conduct “get to know your public health agency” tours, presentations or open houses
- Develop and deliver public health quality reports (present the “results” of public health programs, policy decisions, and public health goals to the county board)

Local Policy Change

Every community’s health can be influenced by public health policies. It is the role of local public health leaders to develop policies and policy recommendations to maintain and protect the public health.

Key Messages for Policy Change

- Governance responsibilities (e.g., crises and policy change will require a thorough understanding of public health statutory requirements)
- Changing policies, practices, and scope of public health
- Understanding of the local jurisdictions, staff roles, agency roles, and available resources
- If in response to a crisis, public health aspects of disaster and emergency preparedness materials (e.g., are they ready for a crisis, how would they handle a certain situation, if involved in a previous disaster/crisis, ask what worked, what did not)

Possible Communication Methods

- Use policy changes as leadership opportunities for commissioners (e.g., commissioner as spokesperson for an event)
- Use public health events taking place in other parts of the state or the nation as teachable moments (e.g., ask, “How would we deal with that here?”)
- Localize statewide press releases (how does this affect my community, my commissioners?)
- Conduct strategic planning exercises to prepare for policy change
- Develop relationships or informal ties with county commissioners, to prepare for political/funding changes

Crisis Event

Times of crisis or policy change have been identified as “teachable moments,” when public health will potentially be most visible and valued—and often when commissioners need additional information on public health. Examples of changes or emergencies might include funding changes or budget decisions, policy or program changes that may be seen as controversial by the community, disease outbreaks (Ebola or Measles), and/or disasters and emergencies (natural or technological).
Role of the Health Officer

Legislative Process/Policy at the State Level
Politics of Public Health
The Public Health Law Program is part of the Office for State, Tribal, Local and Territorial Support (OSTLTS). Public health law examines the authority of the government at various jurisdictional levels to improve the health of the general population within societal limits and norms.

The Network for Public Health Law provides insightful legal assistance, helpful resources and opportunities to build connections for local, tribal, state and federal officials; public health practitioners; attorneys; policy-makers; and advocates.

The most common method of communicating with your legislators is sending a letter or an email which remains a very important way to get your message across. A few advocates, however, may find themselves in the position of meeting with legislators or their staff. Here are some tips to help you make the most of your time.

Kansas Legislative Process
The Kansas Legislature consists of a 125-member House of Representatives and a 40-member Senate. Representatives are elected for a two-year term and Senators are elected for a four-year term. The Legislature convenes on the second Monday in January for an annual session and generally adjourns in early May. During the interim period joint and special committees meet to discuss issues assigned to them by Legislative leadership or by statute. The Legislature is supported by five non-partisan staff agencies: Kansas Legislative Research Department, Revisor of Statutes, Legislative Administrative Services, Office of Information Services and, Legislative Division of Post Audit. In addition, the offices of the Chief Clerk of the House and the Secretary of the Senate are responsible for the operations of the respective chambers under the direction of elected leadership.

KALHD assists local health departments with testimony about matters that will affect LHDs or population health. KALHD provides access to resources to stay informed about policy changes during legislative session each year. How a bill becomes a law in Kansas

Public Health Policy
The Kansas Public Health Association (KPHA) is a professional association for Kansas' public health practitioners, professionals, and advocates. As a voice for public health, KPHA provides a forum for individuals and organizations to work collectively to assure conditions in which Kansan's lives will be healthy.

The Kansas Association of Counties is a quasi-public agency, which seeks to advance the public interest by promoting effective, responsive county government in Kansas. Founded in 1975, as an instrumentality of its member counties, the Association serves county governments through:
- Legislative representation
- Technical assistance
- Leadership
- Professional education

www.kalhd.org
The Legislative Program serves to identify and communicate public policy priorities at the state and federal levels of government for member counties of the Kansas Association of Counties. Through a highly participative process open to all members, the association annually develops, and formally adopts an official Legislative Policy Statement that represents the common legislative goals of member counties.

Researchers from the Kansas Health Institute regularly provide testimony and other information to legislators.

KDHE provides a list of testimony and reports.

Public Employees and Lobbying
Kansas law recognizes that the right of organized as well as unorganized interests to influence governmental policy is an integral part of the American and Kansas political process. Such efforts are based in large part on the constitutional guarantees of freedom of speech and association and the right to participate in one's government. The thrust of existing legislation is not to hinder such activity but rather to ensure that it is carried out in view of the public.

Kansas law prohibits any state employees of the executive branch and members of boards, commissions, or authorities of the executive branch from accepting or requesting meals, gifts, entertainment, and travel with a few exceptions (K.S.A.46-237a).

Public Officers and Lobbying
The Governmental Ethics Commission is the enforcement agency for the state level conflict of interest laws and the Campaign Finance Act. The Commission’s jurisdiction under the local level conflict laws is advisory only. Violations of the local level conflict laws are handled by the appropriate County or District Attorney or the Attorney General's office by criminal complaint.

Local Conflict of Interest Statutes

Statutes and Ordinances Related to Public Health
The Kansas State Statutes outline the shared public health responsibilities of the state and local governments in Kansas in Chapter 65: Statute 65-101.

Regulations Related to Infectious Disease

Health Insurance Portability and Accountability Act (HIPAA)
The Office for Civil Rights enforces the HIPAA Privacy Rule, which protects the privacy of individually identifiable health information; the HIPAA Security Rule, which sets national standards for the security of electronic protected health information; the HIPAA Breach Notification Rule, which requires covered entities and business associates to provide notification following a breach of unsecured protected health information; and the confidentiality provisions of the Patient Safety Rule, which protect identifiable information being used to analyze patient safety events and improve patient safety.
Records Retention

Kansas State Records Board approved retention schedules establish the retention and disposition requirements for records generated by Kansas state and local government, including financial records. Compliance with these retention schedules is mandatory for state agencies and county governments, although not for other local government such as cities or townships. The General Schedule includes records common to all agencies, while the agency-specific schedule is a customized schedule addressing a single agency’s or office’s records.

The legislature declares that state and local government records with enduring value should be stored in conditions which are not adverse to their permanent preservation and should be properly arranged so that appropriate public access to such records is possible. Disposition of noncurrent records which do not merit preservation will promote economy and efficiency in the day-to-day activities of government. Cooperation among agencies at all levels of government is necessary in order to achieve proper preservation of records with enduring value. Statute 45-401.

Public Health Nuisances

The Secretary of Health and Environment or the county or joint boards of health have the authority to investigate nuisances that may be injurious to the public health. The Secretary of Health and Environment or the county or joint boards of health has the authority to order the owner or occupant of a property at his or her own expense to remove the nuisance within twenty-four (24) hours, or within such reasonable time thereafter as such secretary or such county or joint board may determine. If the owner or occupant fails to comply, they can be fined not less than ten dollars ($10) nor more than one hundred dollars ($100), for each day the nuisance is not removed. Statute 65-159.

Immunizations

K.A.R. 28-1-20 defines immunizations required for any individual who attends school or early childhood programs operated by a school.

http://www.kdheks.gov/immunize/download/KS_Imm_Regs_for_School_and_Childcare.pdf

Clean Indoor Air Act


Nurse Practice Act

- http://www.ksbn.org/npatoc.htm

Job Safety

- https://www.osha.gov/
Public Records and Meetings

Under Kansas law, citizens have the right to access public records and observe many meetings where decisions are made that affect our state. The Kansas Open Records Act (KORA) and the Kansas Open Meetings Act (KOMA) dictate what meetings and records are open to the public. The Kansas Open Meeting Act (KOMA) applies to state and local public agencies (those related to the government). It does not apply to private entities. The KOMA also applies to any subordinate group formed by such public agencies (e.g. committees, sub-committees etc.). This means that KOMA applies to state boards, commissions, committees, city councils, county boards of commissioners, township boards, rural water district boards, public library boards, etc. and most groups formed by such entities in order to assist them with public business. The KOMA does not apply to private persons or meetings of private groups such as home owners associations, church groups, private clubs, private businesses, political party caucuses, etc. For resources and frequently asked questions regarding KOMA and KORA visit the Attorney General website.

Questions I should ask

What does it mean to be a “public employee”?
What are the rules related to communication, like email and KORA?
Who is our KORA officer?
Does our county have a legislative platform? Lobbyist?
Historically, how often has the director presented to the commissioners?

Key Resources

- Ethics [https://ethics.kansas.gov/](https://ethics.kansas.gov/)
  [https://www.dol.ks.gov/WorkComp/Hipaa.aspx](https://www.dol.ks.gov/WorkComp/Hipaa.aspx)
- Kansas Association of Counties [http://www.kansascounties.org/2/About-KAC](http://www.kansascounties.org/2/About-KAC)
  [http://www.kansascounties.org/3/Legislative-Program](http://www.kansascounties.org/3/Legislative-Program)
- Kansas Public Health Association [http://www.kpha.us/](http://www.kpha.us/)
Network for Public Health Law https://www.networkforphl.org/
Public Health Law Program http://www.cdc.gov/phlp/
Public Health Nuisance
http://kslegislature.org/li/b2015_16/statute/045_000_0000_chapter/045_004_0000_article/045_004_0001_section/045_004_0001_k/
http://kslegislature.org/li_2012/b2011_12/statute/021_000_0000_chapter/021_062_0000_article/021_062_0004_section/021_062_0004_k/
Records Retention
http://www.kshs.org/p/records-retention-and-disposition-schedules/11368
http://www.kshs.org/p/state-records-retention-and-disposition-schedules/11366
http://kslegislature.org/li/b2015_16/statute/045_000_0000_chapter/045_004_0000_article/045_004_0001_section/045_004_0001_k/
Tips for Working With Policy Makers http://www.communityactionkit.org/
Module 6: Public Health Accreditation

In this module:

- Background and Goal
- Community Health Assessment
- Community Health Improvement Plan
- Strategic Plan
- Workforce Development
- Performance Management
- Quality Improvement
- Questions I Should Ask
- Key Resources

Accreditation using the Public Health Accreditation Board (PHAB) standards and measures can help a health department achieve performance excellence. The standards and measures are the framework for evaluating a health department’s processes and services, their outcomes, and progress toward specific goals and objectives. Even if your agency never chooses to pursue national voluntary accreditation, knowing the standards and expectations of a local health department can provide a framework for leading your agency.

Background and Goal

The Public Health Accreditation Board (PHAB) is a nonprofit organization dedicated to improving and protecting the health of the public by advancing the quality and performance of Tribal, state, local, and territorial public health departments.

PHAB’s public health department accreditation process seeks to advance quality and performance within public health departments. Accreditation standards define the expectations for all public health departments that seek to become accredited. National public health department accreditation has been developed because of the desire to improve service, value, and accountability to stakeholders.

According to PHAB, the accreditation process will drive public health departments to continuously improve the quality and performance of the services they deliver to the community, as well as offering the following benefits:

- High Performance and Quality Improvement
- Recognition, Validation, and Accountability
- Improved Communication and Collaboration
- Potential Increased Access to Resources

As of September 2017, 162 local health departments, 26 state health departments and one tribal health department across the U.S have been accredited including the Johnson County Department of Health and Environment, the Sedgwick County Health Department, and the Lawrence Douglas County Health Department.

In order to apply for accreditation, health departments must complete all three of the following Prerequisites: 1) Community Health Assessment, 2) Community Health Improvement Plan, and 3) Strategic Plan. Additionally, the following five prerequisites must be completed or near completion:

**Community Health Assessment (CHA) - Prerequisite**

A *Community Health Assessment* is a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation. (Turnock, B. *Public Health: What It Is and How It Works.* Jones and Bartlett, 2009). This assessment can be used to fulfill many of the accreditation standards, but it is required for standard 1.1.

Community Health Assessments (CHAs) provide information for problem and asset identification and policy formulation, implementation, and evaluation. CHAs also help measure how well a public health system is fulfilling its assurance function.

The National Association of County and City Health Officials (NACCHO) has a number of tools to support LHDs develop their CHA. *Mobilizing for Action through Planning and Partnerships* (MAPP) is a community-driven strategic planning process for improving community health. Facilitated by public health leaders, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment process; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems.

More resources for Community Health Assessment development can be found in the key resources section.

**Community Health Improvement Plan (CHIP) - Prerequisite**

This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A *community health improvement plan* is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community through a collaborative process and should address the gamut of strengths, weaknesses, challenges, and opportunities that exist in the community to improve the health status of that community (Adapted from: United States Department of Health and Human Services, *Healthy People 2010.* Washington, DC). This plan can be used to fulfill many of the accreditation standards, but it is required for standard 5.2.

In Kansas, *rural public health departments* face significant challenges when pursuing national accreditation, particularly related to community health assessment and community health improvement planning. It was found that rural regions need additional funding and training, as well as external technical assistance to perform a CHA-CHIP. There are a number of organizations in Kansas with expertise to assist LHDs with completion of the CHA or CHIP.

**Strategic Plan - Prerequisite**

A strategic plan results from a deliberate decision-making process and defines where an organization is going. The plan sets the direction for the organization and, through a common understanding of the mission, vision, goals, and objectives, provides a template for all employees and stakeholders to
make decisions that move the organization forward. (Swayne, Duncan, and Ginter. *Strategic Management of Health Care Organizations*. Jossey Bass. New Jersey. 2008). This plan can be used to fulfill many of the accreditation standards, but is specifically required for standard 5.3.

PHAB defines **strategic planning** as “a disciplined process aimed at producing fundamental decisions and actions that will shape and guide what an organization is, what it does, and why it does what it does. The process of assessing a changing environment to create a vision of the future; determining how the organization fits into the anticipated environment, based on its mission, strengths, and weaknesses; then setting in motion a plan of action to position the organization,” with the strategic plan focusing on a range of agency level organizational goals, strategies and objectives, including new initiatives.

**Workforce Development Plan**

A public health workforce development plan sets forth objectives and strategies that are aimed at training or educational programs to bring public health employees up to the date on the skills necessary to do their jobs better or to train the next generation of public health workers and leaders (Rowitz, L. *Public Health Leadership, 3rd Ed.* Jones and Bartlett, 2014). This plan can be used to fulfill many of the accreditation standards, but is used heavily in Domain 8.

**KDHE**, **KALHD** and **NACCHO** all offer resources to support a competent workforce in local health departments (LHDs). Your mentor can help you contact KDHE to learn more about workforce assessments as well as planning tools available through KS-TRAIN. KALHD is the lead agency for a grant that supports public health workforce development. NACCHO offers a variety of workshops and trainings, supports and promotes leadership development and core competency efforts, and engages in national policy discussions to address pressing public health workforce issues.

More resources for workforce development can be found in the key resources section.

**Performance Management Plan**

A fully functioning **performance management system** that is completely integrated into health department daily practice at all levels includes: 1) setting organizational objectives across all levels of the department, 2) identifying indicators to measure progress toward achieving objectives on a regular basis, 3) identifying responsibility for monitoring progress and reporting, and 4) identifying areas where achieving objectives requires focused quality improvement processes. (Public Health Accreditation Board. *Standards and Measures Version 1.0*. Alexandria, VA, May 2011). This plan can be used to fulfill many of the accreditation standards, but is required in standard 9.1 and used in 11.1.

More resources for performance management can be found in the key resources section.
Quality Improvement Plan

Quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community. (Riley, Moran, Corso, Beitsch, Bialek, and Cofsky)

There are many resources in Kansas and nationally to support LHDs as they develop QI plans and projects. One resource you might consider is the January/February 2010 issue of the *Journal of Public Health Management and Practice* titled “Defining Quality Improvement in Public Health.” The QI plan can be used to meet many accreditation standards, but is used heavily in Domain 9.

More resources for quality improvement can be found in the key resources section.

Emergency Operations Plan

The All Hazards Emergency Operations Plan (EOP) describes who will do what, and when, with what resources, and by what authority - before, during, and immediately after an emergency. Protocols for a health department to determine that they need to implement their EOP are necessary to ensure that the plan is put into action when needed and that it is not put into action with it is not needed. (Public Health Accreditation Board. *Standards and Measures Version 1.5*. Alexandria, VA, December 2013).

Organizational Branding Strategy

Branding is a standard business practice to raise the visibility, perceived value, and reputation of an organization. Branding communicates what the health department stands for and what it provides that is unique and differentiated from other agencies and organization. Branding can help to position the health department as a valued, effective, trusted leader in the community. (Public Health Accreditation Board. *Standards and Measures Version 1.5*. Alexandria, VA, December 2013).

NAACHO offers a guide: *Branding Your Local Health Department: The Process*, that is a valuable resource for starting the branding process.

Questions I should ask

Does my agency have a CHA, CHIP and/or Strategic Plan?
Does my agency have a completed or near completed, WDP, EOP, Branding Strategy, and QI Plan?
Does my agency have a performance management plan, workforce development plan and/or a quality improvement plan?
Who was involved in the development of those documents?
How recently were they completed?
Who is responsible for managing the plans?
What work has my organization done to move toward accreditation?
Key Resources

Public Health Accreditation Board (PHAB)
- [http://www.phaboard.org/](http://www.phaboard.org/)

The Community Guide
- [https://www.thecommunityguide.org/crosswalk](https://www.thecommunityguide.org/crosswalk)

National Association of County and City Health Officials (NACCHO)

Community Health Assessment
- Association for Community Health Improvement (ACHI) Community Health Assessment Toolkit [http://www assesstoolkit.org/](http://www.assesstoolkit.org/)
- Centers for Disease Control [http://www.cdc.gov/stltpublichealth/cha/plan.html](http://www.cdc.gov/stltpublichealth/cha/plan.html)

Strategic Planning
- [http://www.phaboard.org/accreditation-overview/getting-started/](http://www.phaboard.org/accreditation-overview/getting-started/)
- Public Health Foundation (PHF) [http://www.phf.org/consulting/Pages/Strategic_Planning_Technical_Assistance_and_Training.aspx](http://www.phf.org/consulting/Pages/Strategic_Planning_Technical_Assistance_and_Training.aspx)

Workforce Development
- PHF [http://www.phf.org/resourcestools/Pages/Core_Public_Health_Competencies.aspx](http://www.phf.org/resourcestools/Pages/Core_Public_Health_Competencies.aspx)
Performance Management

- PHF
  [http://www.phf.org/focusareas/performancemanagement/toolkit/Pages/Performance_Management_Toolkit.aspx](http://www.phf.org/focusareas/performancemanagement/toolkit/Pages/Performance_Management_Toolkit.aspx)

Quality Improvement

- CDC [http://www.cdc.gov/stltpublichealth/performance/resources.html](http://www.cdc.gov/stltpublichealth/performance/resources.html)
- Institute for Healthcare Improvement [http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx](http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx)
- Michigan Public Health Institute [https://www.mphiaccredandqi.org/qi-guidebook/](https://www.mphiaccredandqi.org/qi-guidebook/)
- NACCHO
  - [http://qiroadmap.org/](http://qiroadmap.org/)
- National Network of Public Health Institutes (NNPHI)
  - [http://www.phf.org/consulting/Pages/Strategic_Planning_Technical_Assistance_and_Training.aspx](http://www.phf.org/consulting/Pages/Strategic_Planning_Technical_Assistance_and_Training.aspx)

- PHF
  - [http://www.phf.org/focusareas/PMQI/Pages/default.aspx](http://www.phf.org/focusareas/PMQI/Pages/default.aspx)
  - [http://www.phf.org/quickguide/Content1Panel.aspx](http://www.phf.org/quickguide/Content1Panel.aspx)
- Resources for Public Health Quality Improvement
  - [http://www.ihi.org/resources/Pages/Tools/ResourcesforPublicHealth.aspx](http://www.ihi.org/resources/Pages/Tools/ResourcesforPublicHealth.aspx)

Kansas TRAIN Courses

- Operationalizing QI in Public Health, 90 minutes [Course ID 1029921](http://www.phf.org/focusareas/PMQI/Pages/default.aspx)
- Your Local Health Department: Introduction to QI, 30 minutes [Course ID 1034871](http://www.phf.org/quickguide/Content1Panel.aspx)
- Quality Improvement Quick Guide Tutorial, 40 minutes [Course ID 1030628](http://www.phf.org/quickguide/Content1Panel.aspx)

Books

- PHF Public Health QI Handbook
  - [http://www.phf.org/resourcestools/Pages/PublicHealthQIHandbook.aspx](http://www.phf.org/resourcestools/Pages/PublicHealthQIHandbook.aspx)
- PHF Public Health QI Encyclopedia
  - [http://www.phf.org/resourcestools/Pages/Public_Health_Quality_Improvement_Encyclopedia.aspx](http://www.phf.org/resourcestools/Pages/Public_Health_Quality_Improvement_Encyclopedia.aspx)

National Network of Public Health Institutes (NPHI)

Module 7: Public Health Data

In this module:

- Reportable Disease
- Public Health Informatics
- Kansas Information for Communities
- Behavioral Risk Factor Surveillance System
- County Health Rankings
- Healthy Kansans 2020
- Scorecard
- Kansas Rural Health Works Economic Impact Reports
- Kansas Health Matters
- Evidence Based Practice Resources
- Questions I Should Ask
- Key Resources

Data collection is defined as “the ongoing systematic collection, analysis, and interpretation of health data necessary for designing, implementing, and evaluating public health prevention programs” by the World Health Organization (WHO). Data collection is critical for public health programs. It can be used in for grant writing, public health surveillance, tracking health objectives, development and evaluation public health programs and much more. Below are a few data resources that are beneficial to use.

**Reportable Disease**

The [Surveillance Guidelines of Reportable Diseases in Kansas](#) have been developed to assist communicable disease investigators and regional coordinators with public health surveillance activities at the local and regional levels. The “Surveillance Guidelines” are meant to enhance current processes, to improve the use of the Kansas Electronic Disease Surveillance System (KS-EDSS), and to strengthen public health response efforts throughout the state.

For statutes, reportable disease forms and notifiable diseases see the Public Health Programs module of this handbook.

**Public Health Informatics**

[Public Health Informatics](#) collects, maintains, and analyzes a wide spectrum of information and data in order to provide reliable statistics to program managers, policy makers, health departments, and the public. These data represent the basis for agency programs to improve birth outcomes, decrease infant mortality, identify mortality trends, decrease the spread of infectious diseases, and support community health assessment.

**Kansas Information for Communities**

[Kansas Information for Communities (KIC)](#) is a health information portal with health data you can query and links to many other data reports and information. KIC enables you to query vital event and other health care data. The tables created will answer many health questions. KIC modules allow you to specify the fields to be included and how to tabulate the information: by year of occurrence, age, race, Hispanic ethnicity, sex, or county.
Behavioral Risk Factor Surveillance System (BRFSS)

The Behavioral Risk Factor Surveillance System (BRFSS), which is coordinated and partially funded by the Centers for Disease Control and Prevention, is the largest continuously conducted telephone survey in the world. It is conducted in every state, the District of Columbia, and several United States territories. The first BRFSS survey in Kansas was conducted as a point-in-time survey in 1990, and Kansas (KDHE) has conducted the BRFSS survey annually since 1992.

County Health Rankings

The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. The County Health Rankings show how we’re doing and where we can improve on health. The rankings are compiled nationally by the University of Wisconsin Population Health Institute, with funding from the Robert Wood Johnson Foundation. The Kansas Health Institute creates individualized data sheets for each Kansas county.

Healthy Kansans 2020

Healthy Kansans 2020 is a collaborative, strategic planning effort aimed at identifying and adopting health priorities that will improve the health of all Kansans. Healthy Kansans 2020 builds on the comprehensive, nationwide health promotion and disease prevention agenda, Healthy People 2020, to establish state-specific measures and initiatives.

Scorecard

Scorecard is maintained by the Environmental Defense Fund. It allows one to search by zip code and provides information by county on what chemicals are being released into the neighborhood environment by manufacturing plants, which of these chemicals are potentially the most harmful, and what companies are responsible. The site also provides maps of locations of pollution sources.

Kansas Rural Health Works Economic Impact Reports

The Importance of the Health Care Sector to the Economy is a series of reports that presents estimates of the economic impact and the economic potential of the health care sector on the local economy. Kansas Rural Health Works created a report for each Kansas County.

Kansas Health Matters

The Kansas Health Matters website is intended to help hospitals, health departments, community members and policy makers learn about the health of the community and ways to help improve it. It provides local health data, resources, promising best practices, news articles and information about community events related to important health issues. The site specifically aims at supporting the development of community health assessments and community health improvement plans by hospitals and local health departments, but its content also is relevant for anyone interested in how to assess and improve the health of communities.

Evidence-based Practice Resources

Evidence-based practice for public health involves using the best available evidence to make informed public health practice decisions. There are many pathways to finding the best evidence to
develop and implement effective interventions, programs, and policies. Public health journals, grant
guidance, the CDC and KDHE are a number of pathways for identifying that evidence base. The
Community Guide and NACCHO’s Model Practices Database are two additional important resources.

The Community Guide

The Guide to Community Preventive Services is a free resource to help you choose programs and
policies to improve health and prevent disease in your community. Systematic reviews are used to
answer these questions:

- Promotion of careers in the health care field;
- Which program and policy interventions have been proven effective?
- Are there effective interventions that are right for my community?
- What might effective interventions cost; what is the likely return on investment?

National Association of City and County Health Officials (NACCHO)

The Model Practices Database is an online, searchable collection of innovative best
practices across public health areas. These practices allow you to benefit from your
colleagues’ experiences, to learn what works, get strategies on how to re-implement
effective programs with good results, and save time and resources.

Questions I should ask

Has anyone in my agency been trained in population health data management?
What does the County Health Rankings say about the health of my county?
Has my agency uploaded anything to Kansas Health Matters?
If I’ve never used these resources, who can help me get started?
Who are three “go-to” people I can turn to for help with public health data questions?

Key Resources

- County Health Rankings http://www.countyhealthrankings.org/kansas
- Evidence Based Practice for Public Health http://library.umassmed.edu/ebpph/index.cfm
- KDHE Reportable Diseases http://www.kdheks.gov/epi/disease_investigation_guidelines.htm
- KDHE Notifiable Disease Form http://www.kdheks.gov/epi/download/KANSAS_NOTIFIABLE_DISEASE_FORM.pdf
  action=index
- Kansas Information for Communities http://kic.kdheks.gov
- Kansas Rural Health Works Economic Impact Reports http://krhw.net/eireports.html
- NACCHO Model Practice Database http://naccho.org/resources/model-practices/database
- Scorecard http://www.scorecard.org/
- The Community Guide http://www.thecommunityguide.org/
Module 8: Preparedness
In this module:

- Federal Preparedness Funding
- KDHE Preparedness
- Exercise and Training Program
- Local Health Department Resources
- Incident Command System (ICS) Training
- Preparedness Information Technology (IT) Systems
- Kansas Medical Reserve Corp
- Key County Partnerships
- Questions I Should Ask
- Key Resources
- Other Resources

Your agency has a significant role to save lives and safeguard communities from public health threats. This important work is conducted through a partnership of federal dollars and guidance that flow through KDHE to local health departments.

Federal Preparedness Funding
The Centers for Disease Control and Prevention plays a pivotal role in ensuring that state and local public health systems are prepared for public health emergencies because of its unique abilities to respond to infectious, occupational, or environmental incidents that affect the public’s health. CDC’s Office of Public Health Preparedness and Response, Division of State and Local Readiness, administers funds for preparedness activities to state and local public health systems through the Public Health Emergency Preparedness (PHEP) cooperative agreement. Through the PHEP, the CDC helps public health departments strengthen their abilities to respond to all types of public health incidents and build more resilient communities.

The Public Health Emergency Preparedness (PHEP) cooperative agreement is a critical source of funding for state, local, tribal, and territorial public health departments. Since 2002, the PHEP cooperative agreement has provided nearly $9 billion to public health departments across the nation to upgrade their ability to effectively respond to a range of public health threats, including infectious diseases, natural disasters, and biological, chemical, nuclear, and radiological events. Preparedness activities funded by the PHEP cooperative agreement are targeted specifically for the development of emergency-ready public health departments that are flexible and adaptable.

To help public health departments with their strategic planning, the CDC identified 15 public health preparedness capabilities to serve as national public health preparedness standards. State and local jurisdictions can use the CDC’s Public Health Preparedness Capabilities: National Standards for State and Local Planning to better organize their work and identify the capabilities they have and the resources to build or sustain. These standards help ensure that federal preparedness funds are directed to priority areas within individual jurisdictions.
The CDC’s Cities Readiness Initiative (CRI) is a federally funded program designed to enhance preparedness in the nation’s largest cities and metropolitan statistical areas (MSA) where more than 50% of the U.S. population resides. Through CRI, state and large metropolitan public health departments have developed plans to respond to a large-scale bioterrorist event by dispensing antibiotics to the entire population of an identified MSA with 48 hours.

FEMA provides state and local governments with preparedness program funding in the form of Non-Disaster Grants to enhance the capacity of state and local emergency responders to prevent, respond to, and recover from a weapons of mass destruction terrorism incident involving chemical, biological, radiological, nuclear, and explosive devices and cyber-attacks.

**KDHE Preparedness**

The KDHE Preparedness Division provides leadership to protect the health of Kansans through efforts to mitigate, prepare for, respond to, and recover from disasters, infectious disease, terrorism, and mass casualty emergencies. To accomplish this mission, Preparedness is responsible for the following:

- Health and medical planning and response in Kansas
- Serves as the coordinating unit for the Emergency Support Function (ESF) #8
- Maintains the Health Alert Network (KS-HAN)
- Serves as the grantee for the Centers for Disease Control and Prevention (CDC) and Health and Human Services (HHS) health preparedness grants.

The KDHE Bureau of Community Health Systems receives Public Health Emergency Program (PHEP) funding from the Centers for Disease Control and Prevention (CDC) to be used to maintain, refine, and to the extent achievable, enhance the health and medical systems in Kansas, including exercising and improving preparedness plans for all-hazards. In addition, building public health preparedness response capabilities through associated planning, personnel, equipment, training and exercise capabilities at the State and local levels remains a high priority. The PHEP supports capabilities based-planning by setting priorities that must be met by the end of the grant cycle.

**Exercise and Training Program**

The purpose of the Exercise & Training Program is to provide program policy and guidance that is consistent with the Homeland Security Exercise & Evaluation Program (HSEEP), the National Incident Management System (NIMS), and the Public Health and Healthcare Preparedness Capabilities. Exercises allow personnel, from first responders to senior officials, to validate training and practice strategic and tactical prevention, protection, response, and recovery capabilities in a risk-reduced environment. Exercises are the primary tool for assessing preparedness and identifying areas for improvement, while
demonstrating community resolve to prepare for major incidents. Exercises aim to help entities within the community gain objective assessments of their capabilities so that gaps, deficiencies, and vulnerabilities are addressed prior to a real incident.

Training provides a knowledge base and continuing education for personnel with direct roles in emergency preparedness and response. Standardized NIMS training courses - together with courses focused on discipline-specific and agency-specific expertise - help to ensure that personnel can function together effectively during an incident.

**Local Health Department Resources**

**Standard Operating Guides**

Health and medical Standard Operating Guides (SOG), Standard Operating Procedures (SOP) and Emergency Operations Plans (EOP) are guidance documents for how an agency will respond during a time of emergency.

The purpose of the Continuity of Operations Plan (COOP) plan is to establish policy and guidance to ensure that essential functions for county health departments are continued in the event that manmade, natural, or technological emergencies disrupt or threaten to disrupt normal operations. The COOP plan enables the health department to operate with a significantly reduced workforce and diminished availability of resources, and to operate from an alternate work site should the primary facility become uninhabitable.

The Mass Dispensing standard operating guide (SOG) may be used during an emergency for management of medical materials from the state including Strategic National Stockpile (SNS) assets. This template contains all information necessary for medical materials management, including point-of-contact information, clinic maps, flow charts, and point-of-dispensing (POD) clinic management guidance.

The Public Information & Communication Standard Operating Guide (PIC-SOG) provides step-by-step instructions, tools and templates for planning public information and communication activities to support Mass Dispensing operations consistent with the CDC Strategic National Stockpile Technical Assistance Review (SNS-TAR), as well as all-hazards public information preparedness and response activities.

**Incident Command Systems (ICS) Training**

It is recommended that all LHD directors take the following FEMA courses:

- IS-100.b: Introduction to Incident Command System
- IS-200.b: ICS for Single Resources and Initial Action Incidents
- IS-700.a: National Incident Management System (NIMS): An Introduction
- IS-800.b: National Response Framework: An Introduction

It is recommended that at least one individual on staff from the local health department of preparedness region complete the Homeland Security Exercise and Evaluation Program (HSEEP).

It is also recommended that someone from the local health department participate in ICS 300 and ICS 400.
Preparedness Information Technology (IT) Systems

Preparedness hosts three IT systems, which can be utilized at state and local levels to assist and support preparedness efforts.

Kansas Health Alert Network (KS-HAN)

KS-HAN is a secure, web-based electronic communication system that enables local and state emergency health and safety entities to share public and environmental health and general emergency preparedness information rapidly. The system allows users to send, receive and discuss information in a secure environment. It also allows for the rapid notification of any and all users in the event of an emergency, when the timely distribution of recommendations on investigation, prevention and treatment is critical. KS-HAN is an invitation-only registration system.

Kansas System for the Early Registration of Volunteers (K-SERV)

K-SERV is a secure registration system and database for volunteers willing to respond to public health emergencies or other disasters in Kansas or other areas across the country. It can be utilized as a volunteer management system at the local and state levels, therefore avoiding duplication of information at each level. Everyone is welcome to register in K-SERV.

Kansas Countermeasure Response Administration

KS-CRA is an online inventory management and tracking system. During H1N1, KS-CRA was utilized by local organizations and the state to track federally-issued vaccines, antiviral medications, and Personal Protective Equipment (PPE). KS-CRA is utilized and managed jointly by the Immunization Program and Preparedness. It is hosted with the WebIZ website, which requires secure enrollment, registration, and logging-in. It’s recommended that LHDs participate the KS-CRA training.

Kansas Medical Reserve Corps (MRC)

The Kansas Medical Reserve Corps is a part of the federal MRC program - Office of the Civilian Volunteer Medical Reserve Corps (OCVMRC) - located within the Office of the U.S. Surgeon General. MRC units are community-based and function as a way to locally organize and utilize volunteers-healthcare professionals and others who want to contribute their skills and expertise to the community. MRC units are intended to support, assist and supplement the resources of the existing public health, medical and emergency response systems. During emergencies, MRC volunteers may provide an important “surge” capability to area hospitals and public health departments. They can also augment medical and support staff shortages at local medical or emergency facilities. The number of MRC units nationwide has increased significantly since the program’s beginnings, from 48 in 2002 to over 800 today.

The Kansas MRC has 16 Medical Reserve Corps units located throughout Kansas, including one statewide Kansas Veterinary MRC unit. However, all units have one thing in common: a desire to work to create safe, healthy, and prepared Kansas communities.
Key County Partnerships
The local health department should develop relationships with the following individuals/groups for their preparedness plan: Mental Health, Emergency Manager, Homeland Security, Fire, Law Enforcement, Department of Transportation, Department of Aging, Department of Corrections, MRCs, Public Works, hospitals, etc. Many of these partnerships could be developed by attending the Local Emergency Planning Committee in your region or county.

Questions I should ask
Who in my agency leads our preparedness work?
Who should I go to first for questions about preparedness?
What are the recommended trainings for my staff and have they completed these?
How important is preparedness in relation to our other work?
With which organizations do we currently have MOUs and MOAs?
Who do you ask when - chain of command? Level of importance?

Key Resources
- Center for Disease Control http://www.cdc.gov/phpr/coopagreement.htm
- Cities Readiness Initiative http://www.cdc.gov/phpr/stockpile/cri/
- FEMA: Grants, Guidelines, Trainings
  https://www.fema.gov/preparedness-non-disaster-grants
  http://www.training.fema.gov/is/nims.aspx
- KDHE Preparedness Grants, Guidelines, Resources
  http://www.kdheks.gov/cphp/lhd_resources.htm
- Kansas MRC http://www.kansasmrc.org
- Healthcare Preparedness Capabilities
- Preparedness IT Systems
  https://kanphix.kdhe.state.ks.us/
  https://khap.kdhe.state.ks.us/
  http://www.kdheks.gov/it_systems/ks-han.htm

Additional Resources:
- CDC Emergency Preparedness & Response
- Flu.gov
- KDHE Disaster Recovery Information
- KS Homeland Security
- KsReady.gov
- Ready.gov
Module 9: Promoting Public Health

In this module:
- Effective Communications
- Branding
- Engaging your Board of Health
- Media Relations
- Social Marketing
- Risk Communication
- Storytelling
- Questions I Should Ask
- Key Resources

Engaging the community and elected officials is an important piece of public health. Public health means different things to different people at various times. Conveying the value, mission, roles, processes, programs, and interventions of the health department is a necessary step in building effective public health programs and ensuring sustained funding levels.

Effective Communications

Local Health Departments require effective communications to help promote healthy behavior in the community, build support for local public health efforts, demonstrate the value and cost-effectiveness of local public health programs, and increase a department’s impact and influence with policymakers, the media and the public. To capture the attention of policymakers and the public, keep messages dynamic, memorable, and local. NACCHO has additional resources to support effective communications.

As the local health director, you are the voice of public health in your community.

Branding

“Branding” is a standard business practice to raise the visibility, perceived value, and reputation of an organization. Branding communicates what the health department stands for and what it provides that is unique and differentiated from other agencies and organizations. Branding can help to position the health department as a valued, effective, trusted leader in the community. Logos are useful as they help departments appear professional, stable, and credible. Logos promote visibility and awareness of public health and have the possibility to illustrate public health services. They also serve as evidence of authenticity for documents used in PHAB accreditation. A free national public health logo is available for use by all public health departments through NACCHO if your health department or county government does not have a logo. PHAB requires that LHDs adopt a branding strategy. Many Kansas health departments have adopted a branding strategy, so there are already templates in our own state.

Engaging Your Board of Health

Governing entities significantly influence the direction of health departments through policy making and other similar activities. The governing entity, to be an effective advocate for public health and for the agency, must be aware of its responsibilities. There is a whole domain in the PHAB standards dedicated to best practices related to engagement with the governing entity.
KALHD provides a presentation as part of the Kansas Association of Counties training for new elected officials. This is a resource you might consider using to develop your own orientation packet. In addition to County Commissioners, cultivating support from elected officials including the planning commission, zoning board, mayor, or school board will serve to greatly improve your efforts to institute overarching changes in your community. A fact sheet of key players and strategies can be found here.

Working effectively with your board of health doesn’t just happen. This takes time and intentional effort. This resource, Engaging Your Board of Health, offers tools for thinking through strengthening that relationship with the board.

**Media Relations**

The media are an effective conduit for delivering your messages and your story to the people you want to reach, and can be vital to gaining wide public understanding of your LHD’s role. Understanding the media and building relationships are key components to communicating about local public health.

Before you speak with a reporter, take the time to learn what she/he writes about and who their audience is. Many reporters are fairly well-versed in many of the issues you care about, and you will be able to have a different type of conversation with these reporters than you might with someone who is likely covering several different beats. Different types of media will require slightly different messages. For example, on a TV or radio talk show, your responses will need to be much shorter “sound bites” than those you might give to a newspaper or magazine reporter. Each reporter looks for something slightly different.

If you’ve never had training in media relations, this would be important to seek out.

**Social Marketing**

Social marketing draws on the same research and planning principles that make commercial marketers successful at getting people to buy, say, a Ford rather than a Toyota, or to drink bottled water rather than tap water. However, instead of urging people to buy products, health and human service organizations use social marketing to support people in doing behaviors that will improve the quality of their lives and enhance societal well-being.

Many people think of advertisements or PSAs (public service announcements) when they think of marketing. However, both commercial marketing and social marketing are much more about removing barriers to doing a behavior, than it is about promoting demand or informing people. Social marketing focuses on understanding the motivations, wants, fears and aspirations of our target audiences. This insight allows us to create programs and messages that both meet the wants of our audiences and achieve our public health goals.

The CDC has developed a Gateway to Communication practice and social marketing tool. Here you can access many resources to help build your health communication or social marketing campaigns and programs.

**Risk Communication**

Virtually every day, crisis and emergency risk communication is needed somewhere in public health. Whenever a crisis occurs, communicators must to be ready to provide information to help people make the best possible decisions for their health and well-being. This must be done in rapid
timeframes and without knowing everything about the crisis. Yet often the types of disasters that public health must address can be anticipated.

**Storytelling**

Telling stories is a great way to show others what you are doing to promote health, reduce health disparities and improve outcomes. Storytelling has many forms including news releases, social media posts, and even can be applied to grant applications. Storytelling is a way to contextualize data, connect the numbers with people while improving health literacy.

The CDC has developed [10 tips](http://www.cdc.gov/media/storyideas/index.html) for writing an effective success story.

The Sunflower Foundation has brought Andy Goodman ([http://www.thegoodmancenter.com](http://www.thegoodmancenter.com)) to Kansas several times to offer trainings in storytelling. You may want to check out his website for additional ideas about how to use storytelling to change the world.

**Questions I should ask**

- How do we currently communicate with the public about important messages?
- What social marketing campaigns do we currently organize?
- What is our risk communications plan and how does the department balance this with the county?
- What stories are people telling about our agency/county?
- How do we usually provide orientation to the Board of Health or County Commission and how often?

**Key Resources**


**NACCHO & CDC Communications Webinar Series**

In this [four-part webinar series](https://www.naccho.org/topics/environmental/landuseplanning/upload/LUP-Working-with-Officials.pdf), NACCHO and the CDC help LHDs strengthen their communication capacity by examining current marketing, branding, and new media practices, and providing new resources on message clarity and evaluation.

**Orientation to Public Health for Newly Elected Officials**


**Social Marketing**

- **CDC Gateway to Health Communication** [http://www.cdc.gov/healthcommunication/](http://www.cdc.gov/healthcommunication/)

**Risk Communication**


**Storytelling**

- **CDC** [http://www.cdc.gov/media/storyideas/index.html](http://www.cdc.gov/media/storyideas/index.html)

www.kalhd.org
CDC 10 Tips for Writing an Effective Success Story
http://dhhs.ne.gov/publichealth/Documents/SuccessStoryTips.pdf

KDHE Public Health Storytelling Center
http://www.healthequityks.org/digital_stories.htm

National Prevention Information Network http://npin.cdc.gov/health-communications#.VIcxCXtFxM4
Module 10: Organizational Workforce Development

In this module:

- Core Competencies
- Workforce Basics
- KS-TRAIN
- Leadership Institutes
- Cultural Competency
- Staff Communication
- Team Building
- Generational Differences in the Workplace
- Human Resources and Documentation
- Questions I Should Ask
- Key Resources

Local health departments are a public health agency that is a government entity, but in many ways it operates like any business. Effective public health practice requires a well-prepared workforce. This includes hiring productive staff who value customer satisfaction, evaluating staff effectiveness, and planning to properly train staff through continuing education.

Core Competencies

The Public Health Foundation has developed Core Competencies for Public Health Professionals (Core Competencies). They represent a set of skills desirable for the broad practice of public health that professionals may want to possess as they work to protect and improve the nation’s health. The Core Competencies offer a starting point for public health professionals in identifying professional development needs and developing training plans.

Workforce Basics

Domains 8 and 11 of the Standards and Measures for Public Health Accreditation outline many of the activities a new director needs to know related to workforce development. The director must ensure a competent workforce through the assessment of staff competencies, the provision of individual training and professional development, and the provision of a supportive work environment.

*Employees:* Every employee needs a job description that is up-to-date and accurate. Every employee needs regular feedback about his or her performance.

*Systems:* Every LHD needs a process for tracking staff training, verifying qualifications and recruiting and retaining staff.

KS-TRAIN

TRAIN is the nation’s premier learning resource for professionals who protect the public’s health. KDHE manages the Kansas affiliate of TRAIN. All local health department professionals are able to set up a transcript of all public health trainings. Ask your mentor about how KS-TRAIN is used in their agency as a tracking and planning tool.
Leadership Institutes

At various times there are opportunities to train staff in leadership development. Here are two resources for consideration. Talk with your mentor about current programs available in Kansas.

The Kansas Leadership Center equips people with the ability to make lasting change for the common good. KLC is different in the field of leadership development with its focus on leadership being an activity, not a role or position. Open to anyone seeking to move the needle of tough challenges in the civic arena, KLC envisions more Kansans sharing responsibility for acting together in pursuit of the common good.

The Community Tool Box has developed a Plan for Building Leadership. As we work to improve our communities, leadership is our most important resource. The complex problems we have in our communities will require many people who are willing and able to lend an active hand and work together to solve them. That is why leadership development should be a central activity for any workforce development plan.

Cultural Competency

Understanding Culture and Diversity in Building Communities

As community builders, understanding culture is our business. Whether you live in a rural or urban community in Kansas, you are working with and establishing relationships with people - people who all have cultures.

What is culture? Here is one viewpoint. "Culture" refers to a group or community which shares common experiences that shape the way its members understand the world. It includes groups that we are born into, such as race, national origin, gender, class, or religion. It can also include a group we join or become part of. For example, it is possible to acquire a new culture by moving to a new country or region, by a change in our economic status, or by becoming disabled. When we think of culture this broadly we realize we all belong to many cultures at once.

Learn more from the Community Tool Box.

Culturally Competent Organization

Culture is defined as the shared traditions, beliefs, customs, history, folklore, and institutions of a group of people. Culture is shared by people of the same ethnicity, language, nationality, or religion. It's a system of rules that are the base of what we are and affect how we express ourselves as part of a group and as individuals.

All local health departments are expected to assess the cultural competency of the staff and provide training on health equity and cultural competence, including social, cultural, and/or linguistic aspects of policies, processes and programs. There are many resources to accomplish this work found in the key resources section.

Learn more from the Community Tool Box.
Staff Communication

Promoting Internal Communication In its simplest terms, internal communication is communication within an organization. It encompasses both “official” communication -- memos, guidelines, policies and procedures, etc. -- and the unofficial communication that goes on among and between the staff members of all organizations -- the exchange of ideas and opinions, the development of personal relationships, and the proverbial conversation around the water cooler.

Internal communication is a lot more than people talking to one another, however. It’s the life blood of any organization, the way in which everyone gets the information she needs. It means that anyone can easily get his question answered, as well as that no one gets left out when there’s a birthday celebration for a staff member.

Team Building

Team building is important to workforce health in every organization. Most LHDs in Kansas have fewer than ten employees, and the need for cohesion is even more apparent. The Key Resources section offers some resources for team building. A team development assessment is one place to start.

Generational Differences in the Workplace

This is the first time in American history that we have had four different generations working side-by-side in the workplace. At work, generational differences can affect everything, including recruiting, building teams, dealing with change, motivating, managing, and maintaining and increasing productivity. Think of how generational differences, relative to how people communicate, might affect misunderstandings, high employee turnover, difficulty in attracting employees and gaining employee commitment. Be conscious of these differences and how they might contribute to the ways your workforce collaborate to meet your mission.

Human Resources and Documentation

Kansas Department of Labor serves Kansas workers and businesses by providing fair and efficient administration of state labor laws.

- Personnel Safety
- Workplace Laws and Requirements

Questions I should ask

Does my agency/department have a workforce development plan?
Where are the job descriptions for every employee?
How recently were the job descriptions updated?
What is my agency’s individual performance evaluation process?
What training has current staff received or need?
Who is my support person for Human Resources and Labor related issues?
What is my county’s policy on volunteers?
Do we have county policies on training and conferences?
What training participation or restrictions are mandated by our grants?
What is my agency’s strategy for recruiting retaining staff?
Key Resources

- American Speech Language Hearing Association
- Community Toolbox

**Cultural Competence Checklist:**
This tool was developed to heighten awareness of how staff view clients/patients from culturally and linguistically diverse populations.

- Generational Differences Chart


- Kansas Leadership Center [http://kansasleadershipcenter.org/](http://kansasleadershipcenter.org/)


- **Office of Minority Health**
The Office of Minority Health is dedicated to improving the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities.

- Public Health Foundation

Human Resources

- County Counselors Association of Kansas

- Free Management Help Library
  [http://managementhelp.org/staffing/recruiting.htm](http://managementhelp.org/staffing/recruiting.htm)
  [http://managementhelp.org/staffing/retaining.htm](http://managementhelp.org/staffing/retaining.htm)
  [http://managementhelp.org/personnellpolicies/policies.htm](http://managementhelp.org/personnellpolicies/policies.htm)

- U.S. Department of Labor

Books

- **First, Break All the Rules: What the World's Greatest Managers Do Differently**
The greatest managers in the world seem to have little in common. They differ in sex, age, and race. They employ vastly different styles and focus on different goals. Yet despite their differences, great managers share one common trait. *First, Break All the Rules* explains.
The Five Dysfunctions of a Team has become the world’s most definitive source on practical information for building teams. The book’s impact extends beyond business schools, churches, non-profit organizations, professional sports teams and the military.

Generational Issues in the Workplace

The Leadership Challenge: How to Make Extraordinary Things Happen in Organizations
For more than 25 years, The Leadership Challenge has been the most trusted source on becoming a better leader. Based on Kouzes and Posner’s extensive research, this text advises how leadership is a relationship that must be nurtured, and most importantly, that it can be learned.

Mixing and Managing 4 Generations of Employees
http://www.fdu.edu/newspubs/magazine/05ws/generations.htm
Module 11: Kansas “Aid to Local” Grant

In this module:

- Types of Funding to Local Agencies
- Applications
- Contracts, Affidavits, and Reporting
- Questions I Should Ask
- Key Resources

The “Aid-to-Local” (ATL) process was established to standardize the methodology for allocation of funds to Local Agencies. Standard management procedures reduce the possibility of error, increase efficient coordination between offices and programs, and assure adequate oversight and guidance by the Director of the Division of Health.

**Types of Funding to Local Agencies**

**State Formula Funds - General Health Services**

These funds are available to county health departments on a formula basis to support general health services. Statute KS K.S.A. 65-242 states that, “for the purpose of insuring that adequate public health services are available to all inhabitants of the state of Kansas, the state shall assist in the financing of the operation of local health departments.”

Annually, the State General Fund appropriations to the Kansas Department of Health and Environment include funds for this purpose. Those dollars are distributed to all local health departments that apply, based on a funding “formula” which is specified in the statute. To be eligible for these funds, the Local Health Agency must be a county, city-county or multi-county health department supported by sufficient local tax revenues and expenditures to meet the maintenance of effort requirements. Application from the Local Agency is required to receive State Formula Funds.

**Categorical Grant Funds - Specific Health Services**

These funds support more specific or targeted health service needs. Continued funding is not automatic. An annual application for each type of funding must be submitted to KDHE by the deadline. (See KDHE Aid to Local webpage for details of requirements.)

Traditionally the “Categorical Grants” include all of those in the following list. This is not a complete list; additional categories are added or removed when funding sources change:

- Child Care Licensing Program
- Chronic Disease Risk Reduction
- Community-Based Primary Care Clinic Grant
- Family Planning
- Immunization Action Plan
- Maternal & Child Health
- Public Health Emergency Preparedness
- STI/HIV Prevention Program
- WIC/ICP Collaborative
Applications

As of January 2015, all applications for the Aid to Local (ATL) grants are completed through the Catalyst online portal and management system. All current grantees have been issued system usernames and passwords and additional access can be granted to new users at any time. (Administrators contact cristil.cain@ks.gov for additional usernames and passwords.) Catalyst gives the ATL process some distinct advantages that include the development of standardized fields and configuration and production of a variety of reports.

Program budgets are submitted through Catalyst. Each budget application document requests for funding support as well as defines sufficient local matching funds/maintenance of effort, when applicable by each grant category. The list of ATL match requirements is available on the KDHE Aid to Local webpage. Once awards are determined, if the award differs from the application amount, local agencies must amend budgets to match the actual award and sufficient matching funds. Requests to purchase capital equipment and budget changes are submitted to program managers.

Training on the use of Catalyst is available through KS-TRAIN and several helpful documents can be found on the KDHE Aid to Local webpage and in the “help” section of Catalyst.

Schedule

The Aid to Local grant cycle begins every year on or about January 15, when applications are “open” for the new state fiscal year. The application window closes on or about March 15 and at that time all applications will begin to be reviewed by program staff. Grant decisions are made by KDHE programs by about May 15 and the proposed awards are reviewed and approved by the KDHE Secretary. Grantees are notified about awards by June 15 each year. Most of the dates are determined by the beginning of the fiscal year which starts July 1.

With the transition to the Catalyst system, there is additional flexibility that may create new opportunities to include additional funding streams that are on more flexible timelines.

Contracts, Affidavits, and Reporting

Contracts

- The Universal Contract is a detailed agreement between State and Local Agencies concerning the use of all contract funds. The Contract is signed by KDHE and all participating Local Agencies. It remains in effect until terminated by signing parties and should be retained indefinitely. In the case of a new grantee, the current year Universal Contract is issued and retained in the files by each party. The Local Agency signifies agreement to annual renewal by cashing the first warrant of the new grant year. Amendments to the Universal Contract are issued by letter. In subsequent years, grantees will be required to notify KDHE that they agree to the contract renewal.
- Grantees also receive annual Contract Attachments for each specific program. The Contract Attachment includes general information about individual grant programs such as program description, maintenance of effort or local matching funds requirements, program reporting requirements, programmatic restrictions and budget requirements. The first year of a grant for an agency, the attachment is signed by KDHE and the agency. In subsequent years, these do not get signed by the local agencies and they signify they agree to the annual renewal by cashing the first warrant of the new grant year.
- Notice of Grant Award Amount and Summary of Program Objectives (NGA) is a document incorporated into a specific Contract Attachment. It contains the details of a program’s
activities, the current objectives established for the year, funding amounts, and any other
time-limited details. It is for a specific funding cycle. The Summary does not require a
signature, is replaced every year, and the Local Agency signifies acceptance by cashing the
first warrant of the new grant year.

- The List of Grant Awards (LGA) is a summary of the Local Agency awards and amendments for
  the current fiscal year. The LGA identifies the Local Agency, Contract Attachment Number,
term of the award, source of funding, and the amount of the award. In the case of new
awards to a current Local Agency, a new LGA is prepared and maintained by both parties. In
the case of amendments, increasing or decreasing an award, a revised LGA is prepared and
maintained by both parties.

Affidavits

Certified Affidavit of Expenditures (Affidavits) are due to Division of Management and Budget (DMB),
submitted through Catalyst, by the 15th of the month following the end of the quarter. No annual
expenditure reports are required. See here for more details on affidavits.

Reporting

All program reporting is submitted through Catalyst. All grantees are notified when the reporting
forms and fields are available for the grant year; approximately September 1. Each program
determines the content and frequency of reporting.

Completed grantee reports will be viewed by Program Managers in Catalyst.

Grant reports and affidavits are due as follows:
- First Quarter October 15
- Second Quarter January 15
- Third Quarter April 15
- Fourth Quarter/End of Year July 15

Outstanding reports are those that are considered significantly delinquent. Division of Management
and Budget (DMB) is responsible for contacting the Local Agency about outstanding affidavits.
Program Managers are responsible for contacting the Local Agency about outstanding narrative or
program reports. Payments to Local Agencies will not be made until reports and affidavits are
received and approved.

Questions I should ask

Who completes affidavits in my LHD?
Which programs within ATL does our agency participate?
Are there staff with my LHD who are paid through the ATL grant?
Do I need county commission approval before applying for this grant? If so, on what timeline?
Where are our past ATL reports?
What data tracking tools do we use for this reporting process?
Who is my regional KDHE coordinator?

Key Resources

- Kansas Department of Health and Environment Aid to Local Webpage:
Module 12: “Must Haves” for Every Local Health Department Director

In this module:

- “Must Haves” for Every Local Health Department Director
- Questions I should ask
- Key Resources

Public Health has many critical components. There are lots of moving parts. With the help of other local health department directors below is a list of helpful items to have in your office. These are items that you should know where they are in case of emergency and for everyday use.

“Must Haves” for Every Local Health Department Director

Technology

- Get to know Microsoft Office Outlook - It’s a great tool to keep appointments and reminders organized. If you are unfamiliar with Microsoft Office find a class or a friend to learn how it can benefit you in your day to day operations.
- Dual computer monitors with supporting graphics card
- Adobe Reader and Writer Software
- 4G Cellphone
- High speed internet access

“Important” Lists

- Develop an “Important Numbers for Reference” list - This should include your Federal Tax ID Number, Kansas Tax Exemption Number, National Provider Identifier (NPI) Number along with user id and password, Medicare number, Medicaid number, Office of Pharmacy Affairs ID and Grant numbers, Dunn & Bradstreet (DUNS) number, Central Contractor Registration number for Federal Government Grants and Bank Account and Routing numbers. Having this information all together in one secure location saves time when you need to reference a number.
- Local Health Department Phone List - You’ll need a phone list for everyone in your department, and it should include both desk and home/cell numbers. These are the critical people that will help you with your day to day operations.
- Statewide Local Health Department Directory - Your peers are always willing to listen and help. KDHE keeps a list: http://www.kdheks.gov/olrh/download/health_directory.pdf. KALHD keeps a similar list formatted differently: http://kalhd.org/resources/.

Key Manuals

- Current Control of Communicable Diseases Manual
- Family Planning Manual
- Immunization Manual - also called the “Pink Book”, is key to LHDs who provide these services. It includes all of the programmatic policies.
- Incident Command System Field Guide
Preparedness Manual - Get to know this document so you are ready in case of a public health emergency.

Public Health Memory Jogger II - This pocket guide provides tools for continuous quality improvement and effective planning. They are readily available from most online booksellers if you don’t already have one.

Personal Organization Systems

- You’ll need to devise a filing system that works for you to be prepared for meetings and presentations. One example is a file folder with 1-31 (days of the month) and the months in it. You can file your meeting registrations, directions, or documents in that you can pull out on that date and grab and go.
- Develop a separate binder for all the meetings or projects you are involved with, including a spiral notepad, Action Planning sheets, and meeting sign in sheets so tasks can be easily assigned at the meeting.
- A password list
- A recycle bin next to your desk, because you just can’t keep everything.

Personal Self-Care Systems

- A frayed knot (small piece of rope tied into one knot with fraying ends) so when someone asks you to do something that does not fit your personal or office strategic plan you can remember to say “Afraid Not”. This will help you hold to your purpose.
- An egg timer so you can set it to remember to take breaks. It’s important to move away from your desk once in a while. Do yoga, meditate, go for a walk, say “hi” to staff, or read an interesting piece of research.
- Lots of coffee (or caffeinated beverage of choice)!

Questions I should ask

Do we have a “continuity of operations” plan?
Ask staff, what one thing did you see the previous director do that you think should keep happening?

Key Resources

Your mentor!
Resources

Acronyms and Terms
- Public Health Accreditation Board Acronyms and Glossary of Terms

Funding
- Healthcare Foundation of Greater Kansas City www.hcfgkc.org
- Kansas Health Foundation www.kansashealth.org
- REACH HealthCare Foundation www.reachhealth.org
- Sunflower Foundation www.sunflowerfoundation.org
- United Methodist Health Ministry Fund www.healthfund.org
- Wyandotte Health Fund www.wyhealthfdn.org

Important Websites
- American Public Health Association (APHA) www.apha.org
- Association of State and Territorial Health Officials (ASTHO) http://www.astho.org/
- Center for Medicaid and Medicare Services (CMS) http://www.cms.gov/
- Centers for Disease Control (CDC) www.cdc.gov
- Kansas Association of Counties (KAC) http://www.kansascounties.org/
- Kansas Association of Local Health Departments (KALHD) www.kalhd.org
- Kansas Department of Health and Environment (KDHE) http://www.kdheks.gov/
- Kansas Environmental Health Association (KEHA) www.kea.us
- Kansas Health Foundation www.kansashealth.org
- Kansas Health Matters http://www.kansashealthmatters.org/
- Kansas Health Institute (KHI) http://www.khi.org/
- Kansas Public Health Association (KPHA) www.kpha.us
- National Association of County and City Health Officials (NACCHO) http://www.naccho.org/
- National Association of Local Boards of Health (NALBOH) http://www.nalboh.org/
- National Network of Public Health Institutes (NNPHI) http://www.nnphi.org/
- Office for State, Tribal, Local and Territorial Public Health Professionals Gateway http://www.cdc.gov/stltpublichealth/
- Public Health Accreditation Board (PHAB) www.phaboard.org
- Public Health Foundation (PHF) www.phf.org
- Public Health Partners https://phppartners.org/
  http://www.phf.org/programs/council/Pages/default.aspx/index.htm
- Society for Public Health Education (SOPHE) http://www.sophe.org/

KS-TRAIN
Take time to create an account on the KS-TRAIN website. Search for courses by topic, provider, or competency
LISTSERVs

- Hawver News Company [http://www.hawvernews.com/]
- Kansas Health Alert Network (KHAN) [http://www.kdheks.gov/it_systems/ks-han.htm]
- Partners in Information Access for Public Health Workforce [https://phpartners.org/dlists.html]
- Public Health Accreditation Board (PHAB) newsletter [http://www.phaboard.org/news-room/phabnewsletters]

Statewide Local Public Health Meetings and Conferences

A calendar of regularly occurring events can be found KDHE’s Local Public Health Program [page].

### Regular Occurring Meetings

<table>
<thead>
<tr>
<th>Meetings</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>KALHD Board Meetings</td>
<td>3rd Tuesday of every month</td>
</tr>
<tr>
<td>KDHE Population Health and Preparedness Call</td>
<td>4th Tuesday of every month</td>
</tr>
<tr>
<td>KDHE Regional Meeting</td>
<td>Meets quarterly</td>
</tr>
</tbody>
</table>

### Annual Meetings/Conferences

<table>
<thead>
<tr>
<th>Meetings</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual District Meetings for KALHD</td>
<td>TBD, Spring</td>
</tr>
<tr>
<td>Governor’s Public Health Conference</td>
<td>April</td>
</tr>
<tr>
<td>KALHD Mid-Year Meeting</td>
<td>June</td>
</tr>
<tr>
<td>Kansas Public Health Conference</td>
<td>September/October</td>
</tr>
<tr>
<td>KALHD Annual Meeting</td>
<td>November - in conjunction with the Kansas Association of Counties Conference</td>
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</tbody>
</table>

### Annual Meetings/Conferences Important for LHD staff

<table>
<thead>
<tr>
<th>Meetings</th>
<th>Dates</th>
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</thead>
<tbody>
<tr>
<td>Health Promotion Summit</td>
<td>January/February</td>
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<tr>
<td>School Nurse Conference</td>
<td>July</td>
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<tr>
<td>Immunizations Conference</td>
<td>September</td>
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<tr>
<td>Preparedness Calls and Regional Meetings</td>
<td>TBD</td>
</tr>
</tbody>
</table>